

<b>CONTRACTOR USE ONLY</b>		<b>CONTRACT NO.</b> N40085-12-C-7714	<b>TRANSMITTAL NO.</b> DR 1376	<b>DATE</b> 6/13/2016
<b>FROM CONTRACTOR</b> Dragados USA - (B) (6)		<b>PROJECT TITLE AND LOCATION</b> P1383 & P1484 - New Base Entry Point and Road at the MCB Camp Lejeune		
<b>TO</b> OICC (B) (6) Supervisory Construction Manager				

<b>CONTRACTOR USE ONLY</b>				<b>REVIEWER USE ONLY</b>	
*List only one specification division per form				** ACTION CODES	
List only one of the following categories on each transmittal form. and indicate which is being submitted				A-Approved D-Disapproved AN-Approved as noted RA-Receipt acknowledged C-Comments R-Resubmit	
<input checked="" type="checkbox"/> Contractor Approved <input type="checkbox"/> OICC Approval <input type="checkbox"/> Deviation/Substitution For OICC Approval					
ITEM NO	PROJ. SPEC. SECT. & PARA. and/or PROJ. DWG. NO.	ITEM IDENTIFICATION (Type, size, model no., Mfg name, dwg. or brochure number)	NO. OF COPIES	ACTION CODES ***	REVIEWER'S INITIALS CODE AND DATE
1	01 45 00.00 20	5/05/2016 Daily Report	1		

CONTRACTOR'S COMMENTS


		(b) (6)	
<b>DATE RECEIVED BY REVIEWER</b>		<b>FROM (Reviewer)</b>	

- ☐ Submittals are returned with action indicated. Approval of an item does not include approval of any deviation from the contract requirements unless the contractor calls attention to and supports the deviation.
- ☐ Submittals are forwarded to LANTDIV with A-E recommendations indicated in REVIEWER USE ONLY Section and in comments below on ONE COPY of the transmittal form.

REVIEWER'S COMMENTS

<b>COPIES TO:</b> ROICC (2) LANTDIV (1) A-E (1)	<b>DATE</b>	<b>SIGNATURE</b>
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<b>CONTRACTOR QUALITY CONTROL REPORT</b>				THR	5/5/16	
(ATTACH ADDITIONAL SHEETS IF NECESSARY)				1375		
PHASE	CONTRACT NO. N40085-12-C-7714	CONTRACT TITLE: P1383 & 1384 - New Base Entry Point and Road				
<b>PREPARATORY</b>	WAS PREPARATORY PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, FILL OUT AND ATTACH SUPPLEMENTAL PREPARATORY PHASE CHECKLIST.					
	Schedule	Definable Feature of Work	Index #			
	Activity No.					
<b>INITIAL</b>	WAS INITIAL PHASE WORK PERFORMED TODAY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IF YES, FILL OUT AND ATTACH SUPPLEMENTAL INITIAL PHASE CHECKLIST.					
	Schedule	Definable Feature of Work	Index #			
	Activity No.					
		N/A				
<b>FOLLOW-UP</b>	WORK COMPLIES WITH CONTRACT AS APPROVED DURING INITIAL PHASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> WORK COMPLIES WITH SAFETY REQUIREMENTS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
	Schedule	Description of Work, Testing Performed & By Whom, Definable Feature of Work, Specification				
	Activity No.	Section, Location and List of Personnel Present				
		QCS: QCM B&E: (B) (6) (day) Rain: 0.9" FO gauge, 0.9" A6 gauge				
	Weather	Cool in early morning low 60's, warming through day to high 60sF. Clear				
	NCDENR	Regular crew doing site inspection of erosion control measures, as well as maintenance works and fixes.				
	BP04150 BP04510	HB Deck SB Span C and D. DUSA is stripping forms in HB deck Spans C & D. DUSA is closing forms for fixed joints at bent 3 for tomorrows pour. Martin & Pinero is welding angles to edge of girders and installing metal forms in HB SB span F.				
	BP03370	Earthwork Holcomb phase 3. Triangle sub continued with the installation and compaction of the second 8" ABC layer.				
	BP01800	Erosion Control. DUSA is inspecting, maintaining, and fixing erosion control measures in area 5.				
	BP06380 BP06370	HB EB1 Sb & NB Approach Slab. DUSA is placing forms for approach slab in HB EB1 NB & SB.				
	BP03780	Topsoil. DUSA is spreading topsoil over the slopes in area 5.				
	BP01780 BP01970	Landscaping - Sod. Jackson sub is placing sod in BER slopes in area 5.				
	BP05730 BP05800	WCB Fencing A5. New Fence. ICI sub is placing NCDOT Class AA concrete (6yd3) for new fence foundation in area 5. BHC Fencing. DUSA is placing NCDOT Class AA concrete (7yd3) for curb at BHC multipurpose trail NB.				
	BP02430 BP02510	VCB - Electrical - Yates sub is working in the communication system in GH. Finishes -Curtis sub is working in the roofing system in miscellaneous components, at VCB.				
	BP02300 BP02270	CLEO - Finishes. Group III is cleaning inside buildings. Watkins sub is installing vinyl floor in the VCB hall. Finishes - Group III is installing bathroom fixtures at CLEO.				
	**Note**					
	REWORK ITEMS IDENTIFIED TODAY (NOT CORRECTED BY CLOSE OF BUSINESS)			REWORK ITEMS CORRECTED TODAY (FROM REWORK ITEMS LIST)		
	Schedule	Description		Schedule	Description	
Activity No.			Activity No.			
BP08400	WCR MSE Panel Gap Mitigation		BP06110	Repair Soffit Spalls BHC - Punch List		
BP04970	BHC Scour at MSE VWs - Ongoing		BP08110	DUSA repair SS EB1 RH MSE Washout, fix tensor strand PART		
BP04990	Fix corner coping BHC EB2 west poured sect.					
REMARKS (Also Explain Any Follow-Up Phase Checklist Item From Above That Was Answered "NO"), Manuf. Rep On-Site, etc.						
Activity No.	Description					
BP01660	Triangle pushed large windrows of soil over the outside (easterly) RH shoulder BER SB in A4. Material not compacted and only intermittently tracked by dozer. QCM told this soil destined for redistribution w/Ramp K work. Monitoring situation. Partial mitigation. Soils removed and replaced in compacted lifts tested @ 1' by B&E and passed before new lift. Hill rebuilt and regaded.					
<small>On behalf of the contractor, I certify that this report is complete and correct and equipment and material used and work performed during this reporting period is in compliance with the contract drawings and specifications to the best of my knowledge except as noted in this report.</small>						
AUTHORIZED  MANAGER AT SITE				5/5/16		
DATE						
<b>GOVERNMENT QUALITY ASSURANCE REPORT</b>				DATE		

<b>CONTRACTOR QUALITY CONTROL REPORT</b>		THR	5/5/16
(ATTACH ADDITIONAL SHEETS IF NECESSARY)			1375
PHASE	CONTRACT NO: N40085-12-C-7714	CONTRACT TITLE: P1383 & 1384 - New Base Entry Point and Road	
QUALITY ASSURANCE REPRESENTATIVE'S REMARKS AND/OR EXCEPTIONS TO THE REPORT			
			7-28-2016
GOVERNMENT QUALITY ASSURANCE MANAGER			DATE

Dragados - USA  
PO BOX 8408  
Camp Lejeune, NC 28547

05/08/2016

Attention : (B) (6)

**RE:** Daily Field Report for 05/05/2016  
New Base Entry Point and Road - Dragados-USA  
Building & Earth Project No : RD120382

Ladies and Gentlemen:

On this date, representative(s) of Building & Earth were present to perform construction material testing services at this project site. Our testing and observations for this date include the following:

**CP-408 :** Our technician arrived at the site to perform field testing of concrete during plastic placement of New Base Entry Road, Bear Head Creek Bridge. Approximately 7 cubic yards of concrete were supplied by ST Wooten and placed by N/R. Concrete testing, including slump, air content, temperature, and molding of strength [cylinder](s) was performed in general accordance with relevant ASTM standards and at the rates outlined in the project specifications. The test specimens molded on this date will be picked up within 24-48 hours and placed in a controlled environment for final curing. See attached field test report for further test details.

**CP-409 :** Our technician arrived at the site to perform field testing of concrete during plastic placement of New Base Entry Road, Area 5 MPT. Approximately 10 cubic yards of concrete were supplied by Argos and placed by N/R. Concrete testing, including slump, air content, temperature, and molding of strength [cylinder](s) was performed in general accordance with relevant ASTM standards and at the rates outlined in the project specifications. The test specimens molded on this date will be picked up within 24-48 hours and placed in a controlled environment for final curing. See attached field test report for further test details.

**ST-584 :** In place field density testing was performed for Finished Subbase -Pavement. The field density testing was performed in general accordance with ASTM D1556 and ASTM D6938, using values from the laboratory proctors. A total of 7 in-place field density tests were performed on this date. The testing results indicate that in-place compaction and moisture content at the location and depth tested meet or exceed the specified requirements outlined in the project plans and

specifications. For additional details of our testing, please refer to the attached Field Density Test Report.

Comment 1 : ST-584-1 is a sand cone correlation for uncorrected nuclear density test ST-584-2. Based on results a no wet density and a moisture k-value of +16.9 will be applied to subsequent test.

### Closing

The testing and observations identified above have been reviewed by our project manager. If you have questions regarding this information, please do not hesitate to contact us.

Respectfully Submitted,  
Building & Earth Sciences, LLP

Enclosures : CP-408, CP-409, ST-584



Geotechnical, Environmental, and Materials Engineers

CP-408

Placement Date: 05/05/2016

Field Technician: (B) (6)

Laboratory Control Number: 116957

### Report of Concrete Field Placement - ASTM C31 (1)

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 50-70

Weather: Overcast

Wind Conditions: Calm

Client's Rep: (B) (6)

Superintendent:

Field Data Reported to:

### Design & Specification Data

Mix ID: 25064931 (1) Class AA	Specified Strength (psi): 4500	Specified Air Content (%): 4.5 - 7.5	Specified Slump (in): 3 - 6	Temperature (F): 50 - 95
Concrete Supplier: ST Wooten		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element:	Concrete Fence Curb	Method of Placement: Revolving Drum
		Method of Consolidation: Internal Vibrator
Location of Placement:	New Base Entry Road / Bear Head Creek Bridge	MPT NBL Fence Curb / 100' North of EB2 to 250' North

#### Concrete Batch Information:

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
1	3149	14094050	07:35	08:14	08:47	-		7	7

#### Concrete Field Test Data:

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
1	67° F	81° F	4.00	6.1	0.00	6	08:22	Bear Head Creek Bridge 100' N of EB2 to 250' N

(1) - Tests performed using stated ASTM procedure unless otherwise noted in the comments section.

(B) (6)

Reviewed By



CP-409

Placement Date: 05/05/2016

Field Technician: (B) (6)

Laboratory Control Number: 116960

**Report of Concrete Field Placement - ASTM C31 (1)**

Project Name: New Base Entry Point and Road -  
Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 50-70  
Weather: Partly Cloudy  
Wind Conditions: Calm  
Client's Rep: (B) (6)  
Superintendent: (B) (6)  
Field Data Reported to: (B) (6)

**Design & Specification Data**

Mix ID:	Specified Strength (psi):	Specified Air Content (%):	Specified Slump (in):	Temperature (F):
30DAF788	3000	4.5 - 7.5	3 - 5	50 - 95

Concrete Supplier: Argos

Mix Type: Std.  
Project Mix Design

Target Unit Weight: N/R

**Field & Placement Data**

Structural Element: Concrete Fence Curb

Method of Placement: Revolving Drum

Method of Consolidation: Internal Vibrator

Location of Placement: New Base Entry  
Road / Area 5 MPT

Fence Curb / 500' North of WCB to 550' North

**Concrete Batch Information:**

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
1	2663	4980138	09:37	10:10	11:00	-		10	10

**Concrete Field Test Data:**

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
1	64° F	80° F	5.00	6.2	0.00	6	10:18	500' - 550' North of WCB

(1) - Tests performed using stated ASTM procedure unless otherwise noted in the comments section.

(B) (6)

Reviewed By



ST-584

Test Date: 05/05/2016  
 Field Technician: (B) (6)  
 Tests requested by: (B) (6)  
 Results provided to: (B) (6)

### Report of Field Density Testing

Project Name: New Base Entry Point and Road - Dragados-USA  
 Project Number: RD120382  
 Project Location: Camp Lejeune, NC  
 Client: Dragados - USA  
 Contractor: Dragados - USA

Ambient Temperature: 50-70  
 Weather: Partly Cloudy  
 Wind Conditions: Calm  
 Results Provided To: N/R  
 Superintendent: (B) (6)

- Notes:
- 1 Test location by technician
  - 2 Elevation by Technician
  - 3 Fill/backfill placed prior to technician arriving

### Design & Specification Data

Area ID	Area Description	Depth (ft)	Test Method	% Compaction	Moisture Range	
					Min	Max
FSB-Pave	Finished Subbase -Pavement	0.0 - 2.0	AASHTO T-180	100 %	- 10.0	+ 10.0

### Laboratory Proctors

Proctor ID	Description of Material	USCS/AASHTO	Maximum Dry Density (pcf)	Optimum Moisture Content (%)
Belgrade	Belgrade Quarry - 02/11/2014	ABC Stone	129.9	8.8%

### Density Test Data

Test #	IDs		Test Type	Location	Elev. (ft)	Dry Density(pcf)	% Moisture	% Compaction	Result
	Area	Proctor							
1	FSB-Pave	Belgrade	ASTMD1556	Finished Subbase -Pavement : Holcomb Blvd Turn Lane STA 1032+75 CL	-8 FSB	123.1	8.3	95%	WAIVED
2	FSB-Pave	Belgrade	ASTMD6938	Finished Subbase -Pavement : For Info Only Correlation Test		124.9	6.5	96%	WAIVED
3	FSB-Pave	Belgrade	ASTMD6938	Finished Subbase -Pavement : Holcomb Blvd Turn Lane STA 1032+75 CL Retest from ST-584-1	-8 FSB	129.4	8.8	100%	PASS
4	FSB-Pave	Belgrade	ASTMD6938	Finished Subbase -Pavement : Holcomb Blvd Turn Lane STA 1033+50 4' West of CL	-8 FSB	129.7	9.9	100%	PASS
5	FSB-Pave	Belgrade	ASTMD6938	Finished Subbase -Pavement : Holcomb Blvd Turn Lane STA 1036+50 4' East of CL	-8 FSB	130.2	10.2	100%	PASS
6	FSB-Pave	Belgrade	ASTMD6938	Finished Subbase -Pavement : Holcomb Blvd Turn Lane STA 1037+00 CL	-8 FSB	129.8	10.9	100%	PASS
7	FSB-Pave	Belgrade	ASTMD6938	Finished Subbase -Pavement : Holcomb Blvd Turn Lane STA 1034+70 4' East of CL	-8 FSB	130.0	10.3	100%	PASS

Equipment Used: 31717-3430  
 Last Calibration: 04/29/2016

Standard Counts: Density: 2059  
 Moisture: 691

(B) (6)

Reviewed By

*GA*



ST-584

Test Date: 05/05/2016

Field Technician: (B) (6)

Tests requested by:

Results provided to:

### Report of Field Density Testing

Project Name: New Base Entry Point and Road -  
Dragados-USA

Project Number: RD120382

Project Location: Camp Lejeune, NC

Client: Dragados - USA

Contractor: Dragados - USA

Ambient Temperature: 50-70

Weather: Partly Cloudy

Wind Conditions: Calm

Results Provided To: N/R

Superintendent: (B) (6)

- Notes:
- 1 Test location by technician
  - 2 Elevation by Technician
  - 3 Fill/backfill placed prior to technician arriving

#### Comments

##### Comments

ST-584-1 is a sand cone correlation for uncorrected nuclear density test ST-584-2. Based on results a no wet density and a moisture k-value of +16.9 will be applied to subsequent test.

(B) (6)

Reviewed by



CP-392  
Set#1

Placement Date: 04/07/2016

Field Technician: (B) (6)

Laboratory Control Number: 116791

### Report of Concrete Compressive Strength - ASTM C39

Project Name: New Base Entry Point and Road - Dragados-USA  
Project Number: RD120382  
Project Location: Camp Lejeune, NC  
Client: Dragados - USA  
Contractor: N/R

Ambient Temperature: 50-70  
Weather: Overcast  
Wind Conditions: Breezy  
Client's Rep: (B) (6)  
Superintendent: (B) (6)  
Field Data Reported to: (B) (6)

### Design & Specification Data

Mix ID: FDOTAADS (New Base Entry Drill Shaft)	Specified Strength (psi): 4500	Specified Air Content (%): 0 - 3	Specified Slump (in): 7 - 9	Temperature (F): 50 - 95
Concrete Supplier: S & W Ready Mix Concrete		Mix Type: Std. Project Mix Design	Target Unit Weight: N/R	

### Field & Placement Data

Structural Element: Drill Shaft Foundation	Method of Placement: Revolving Drum Method of Consolidation: none
Location of Placement: New Base Entry Road / Ramp J Signal Base Drill Shaft	Ramp M Signal Base / Brewster Signal Base
Concrete Batch Information::	Date Received in Lab: 04/09/2016

Load #	Truck #	Ticket #	Batch Time	Arrival Time	Time Finish Discharge	Water Added (gal)	Water Authorized By	Load Yardage (cy)	Cumulative Yardage (cy)
1	0730	461192	07:26	08:13	08:35	-		8	8

### Concrete Field Test Data:

Load #	Air Temp. (°F) ASTM C1064	Mix Temp. (°F) ASTM C1064	Slump (in) ASTM C143	Air Content (%) ASTM C173 (1)	Unit Weight (pcf) ASTM C138	Samples Cast ASTM C31	Sample Time	Sample Location
1	68° F	70° F	7.75	3.0	0.00	6	08:15	Ramp J Signal Drill Shaft Signal Base

### Concrete Compressive Strength - ASTM C39

Sample #	Test Date	Sample Age	Sample Dimensions (in)	Sample Area (in sq)	Maximum Load (lbs)	Test Strength (psi)	Type of Fracture	Tested By	Testing Lab
122485	04/14/2016	7d	4.01	12.63	50420	3990	1	JM	Jacksonville
122486	04/14/2016	7d	4.01	12.63	51880	4110	1	JM	Jacksonville
122487	05/05/2016	28d	4.01	12.63	73585	5830	1	JM	Jacksonville
122488	05/05/2016	28d	4.01	12.63	76170	6030	1	JM	Jacksonville
122489	05/05/2016	28d	4.01	12.63	72660	5750	1	JM	Jacksonville
122490		DISCARDED							

These test results apply only to the specific samples tested and may not be indicative of the entire concrete placement. Reports may not be reproduced except in full, without the written permission of Building & Earth Sciences.

610 Spring Branch Road  
Dunn, NC 28334  
Phone 910-292-2085 Fax 910-292-2192  
[www.BuildingandEarth.com](http://www.BuildingandEarth.com)

(B) (6)

Reviewed by

CONTRACTOR PRODUCTION REPORT				DATE	
VCT 09-033 (ATTACH ADDITIONAL SHEETS IF NECESSARY)				Thursday May 5, 2016	
CONTRACT NO N40085-12-C-7714		TITLE AND LOCATION Camp Lejeune Base Entry Point and Road		REPORT NO 1.322	
CONTRACTOR Dragados USA			SUPERINTENDENT (B) (6)		QC MANAGER Jose Soler
AM WEATHER Overcast		PM WEATHER Rain	MAX TEMP 70		MIN TEMP 54
WORK PERFORMED TODAY					
Activity No.	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	NUMBER
BP01590	Area 4: Erosion Maintenance	Dragados USA	4	Operations/General Labor	33.5
BP06360	HB: forming approach slab SB	Dragados USA	5	Operations/General Labor	24
BP05300	BHC: poured formed curb	Dragados USA	5	Operations/General Labor	18
BP04160	HB Span C-D: clean up, housekeeping	Dragados USA	2	Operations/General Labor	6
BP04510	HB B3 SB Diaphragms: continued install of ties & walers, started adjustment of tightening up forms	Dragados USA	3	Operations/General Labor	19
BP06380	HB EB1 SB Approach: install of joint and joint material, foam, blackboard	Dragados USA	2	Operations/General Labor	11
BP04620	HB SB Span F Overhangs: continued install of half hangers and install of overhang brackets	Dragados USA	2	Operations/General Labor	11
BP04510	HB B4 SB Diaphragms: started stripping of fixed diaphragm formwork	Dragados USA	2	Operations/General Labor	16
BP01370	WCR: area of pavement aggregate	Dragados USA	1	Surveyor	4.5
BP04433	HB Span F: shot girders for elevation SB	Dragados USA	1	Surveyor	3
BP04510	HB SB: set control and elevations	Dragados USA	1	Surveyor	2
BP05300	BHC: poured formed curb	Consolidated Staffing	5	Operations/General Labor	35
BP04160	HB Span C-D: clean up, housekeeping	Consolidated Staffing	1	Operations/General Labor	4.5
BP04510	HB B3 SB Diaphragms: continued install of ties & walers, started adjustment of tightening up forms	Consolidated Staffing	3	Operations/General Labor	16
BP06380	HB EB1 SB Approach: install of joint and joint material, foam, blackboard	Consolidated Staffing	4	Operations/General Labor	28
BP04620	HB SB Span F Overhangs: continued install of half hangers and install of overhang brackets	Consolidated Staffing	5	Operations/General Labor	34
BP03370	Area 1: Calculated total quantity of milled asphalt	Consolidated Staffing	1	Surveyor	2
BP00130	Ramp T: re-stake express way gutters	Consolidated Staffing	1	Surveyor	3
BP00690	Office: calculate total asphalt quantities for BER project	Consolidated Staffing	1	Surveyor	4.5
Admin	Office: Administrative work	Consolidated Staffing	1	Administrative	9
	No work	A-1 Pavement Markings	0	Pavement Striping	0
	No work	Advance Concrete	0	Concrete	0
	No work	All Crane	0	Crane Assembly	0
	No work	Applied Foundation Testing	0	PDA Testing	0
	No work	B&H	0	Insulation	0
	No work	Basepoint	0	Design Building	0
	No work	Blackwater	0	Electricians High Voltage	0
	No work	Blackwater	0	Electricians Telecomm	0
	No work	Blount Sanford	0	Slipform/Barrier Walls	0
	No work	Bradshaw Plumbing	0	Plumbing	0
BP05600	BHC: Concrete testing	Building & Earth	1	QC Testing	2
BP01720	Area 5: Concrete testing	Building & Earth	1	QC Testing	1.75
BP03510	HB: Density testing	Building & Earth	1	QC Testing	4.75
	No work	Building & Earth	0	QC Testing	0
	No work	Bullington Construction	0	Guardrailing	0
	No work	Carolina Paint	0	Painter	0
	No work	Carolina Arch Panels	0	Design Building	0
	No work	Carolina Signals	0	Signalization	0
	No work	Charles Hughes Const.	0	Concrete	0
	No work	Clark Pavement Marking	0	Pavement Striping	0
	No work	Coastal Geothermal	0	Geothermal energy	0
BP02430	VC: installed roof flashing and downspout	Curtis Construction	6	Roofing	39
	No work	Curtis Construction	0	Roofing	0
	No work	Delta Contracting, Inc.	0	Fireplace Installation	0
	No work	Dixie Dozer	0	Earthwork	0
	No work	D T Read Steel	0	Rebar	0
	No work	D T Read Steel	0	Rebar	0
	No work	Directional Services Inc.	0	Signalization	0
	No work	Elite	0	Utilities (water/sewer)	0
	No work	Ernest Glass	0	Glass/Window installation	0
	No work	Geoquip	0	Crane Assembly	0
	No work	Green State Power	0	Solar Arrays	0
	No work	Group III Management	0	Design Building	0
BP02200	CLEO: Panels under building	Group III Management	2	Design Building	20
	No work	Hanover Coatings	0	Painter	0
	No work	Hanover Coatings	0	MSE wall installers	0
BP02200	CLEO: installing bathroom hardware	Harry S. Cummings, Inc.	2	Design Building	17
	No work	Hatcher Construction	0	Plumbing	0
	No work	Hawley's Welding	0	Welding	0
	No work	Hercules Fence	0	Fence Installers	0
BP05730	Area 5: finish set anchor bolts on fence curb forms, pour & finish 50' fence curb, start next section of fence curb	Industrial Concrete, Inc.	4	Concrete	28
	No work	Jackson Lawn & Landscape	0	Landscaping	0
	No work	JMK Developers	0	Electricians Telecomm	0
BP02480	VC: finished wrong way detector raceway to TBB, grounding TBB pipes in gatehouse, removed all unused material from CLEO, loaded trailer at VC w/ unused materials, hauled back to shop	J.T. Yates Electric Svcs	2	Electrician	16
	No work	J.T. Yates Electric Svcs	0	Electrician	0
	No work	LJ Construction	0	Electrical	0
BP06400	Area 1: assisted in backing stone trucks and labor needs	Labor Ready / TGP	2	Earthwork	17
	No work	Lee Mechanical	0	Mechanical & Electrical	0
BP04520	HB: Distribution of angles & sheet metal forms, welding angles to beams, screwing sheet metal forms to angles	Martin-Pinero	3	SIP Forms	21
	No work	Menard/US Wick Drain	0	Infrastructure	0
	No work	Metal Crafters	0	Infrastructure	0
	No work	Mid-Atlantic Entry	0	Fence Installers	0
	No work	Midasco	0	Infrastructure	0
	No work	Midasco	0	Infrastructure	0
	RR Tracks: install / move railroad signals	MidSouth Rail Road Svc	4	Railroad Signals	40
	No work	Morton Trucking	0	Paving/concrete work	0

No work	Morton Trucking	0	Paving/concrete work	0	
No work	Morton Trucking	0	Paving/concrete work	0	
No work	Niquescares	0	Landscaping	0	
BP01500	Area 3: moved equipment from Area 3 to Area 1	Onslow Paving & Grading	8	Paving	15
No work		Onslow Paving & Grading	0	Paving	0
No work		Peerless Communications	0	Electrical	0
No work		Quantum Insulation	0	Insulation	0
No work		RB Group	0	Piping	0
No work		RB Group	0	Boring	0
No work		Rush	0	Foundation	0
No work		SDS Flooring	0	Flooring Installers	0
No work		Seashore Builders	0	Building Structure	0
No work		Simplex	0	Electrical	0
No work		Strongarm Welding	0	Welding	0
BP01300	Area 3: installed secondary cable for security lights	T&D Solutions	4	Electrical	32
No work		TAC	0	Mechanical & Electrical	0
BP00400	Area 1: placed ABC on mainline and turn lane (1336 22 tons)	Tnangle	6	Earthwork	54.5
No work		Tnangle	0	Earthwork	0
No work		Tnangle	0	Truck Driver	0
No work		Truetime	0	Boring	0
No work		Truss Link	0	Building Structure	0
No work		VFC Lightning Protection	0	Lightning Protection	0
No work		W & W Ceiling	0	Building Structure	0
BP02200	CLEO: installing tile and vinyl floors	Watkins Flooring	5	Flooring Installers	40
No work		Yto-Eta	0	Building Structure	0
No work		Yto-Eta	0	Building Structure	0

<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <b>JOB SAFETY</b> </div>	<b>WAS A JOB SAFETY MEETING HELD THIS DATE?</b> <small>(If YES attach copy of the meeting minutes)</small>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>TOTAL WORK HOURS ON JOB SITE, THIS DATE, INCL CONT SHEETS</b> 635.00
	<b>WERE THERE ANY LOST TIME ACCIDENTS THIS DATE?</b> <small>(If YES attach copy of completed OSHA report)</small>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT</b> 607538.05
	<b>WAS CRANE/MANLIFT/TRENCHING/SCAFFOLDING/ELECTRICAL WORK/HAZMAT WORK DONE?</b> <small>(If YES attach statement or checklist showing inspection performed)</small>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>TOTAL WORK HOURS FROM START OF CONSTRUCTION</b> 608173.05
	<b>WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT?</b> <small>(If YES attach description of incident and proposed action)</small>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Schedule	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET.
Activity No.	06:55 - Site Inspection - No new hazards identified. 07:15 - Reviewed daily work plan with Berry Harby (Roadway Superintendent) 09:30 - QA/QC/Owners meeting 10:45 - Site Inspection - no notable deficiencies 15:15 - Site Inspection - no notable deficiencies 19:00 - Site Closed Out. No Accidents, Injuries or incidents to report.	

Schedule	EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN.	
Activity No.	Submittal #	Description of Equipment/Material Received
BP00400		ABC Stone - Martin Marietta - TGP - 1336 22 Tons (56 Loads) - Area 1
BP05800		AA W/DCI-S - ST Wooten - 7 Cubic Yards - BHC Curb MPT

<b>Dragados USA (B) (6)</b>		Thursday May 5, 2016
CONTRACTOR/SUPERINTENDENT		DATE

COMBINED FORM 01450-1 (9/98) SHEET 2 OF 4

CONTRACTOR PRODUCTION REPORT			DATE
(CONTINUATION SHEET)			Thursday May 5, 2016
CONTRACT NO	TITLE AND LOCATION	REPORT NO	
N40085-12-C-7714	Camp Lajeune Base Entry Point and Road	1,322	
CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER			
Schedule Activity No.	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used
Not used	All Crane	Dragados Rental: Manitowoc 999 Crane	0
BP04510	All Crane	Dragados Rental: CAT Telehandler TL943C	2
BP06380	All Crane	Dragados Rental: CAT Telehandler TL943C	1
BP04620	All Crane	Dragados Rental: CAT Telehandler TL943C	2
Not used	All Crane	Dragados Rental: CAT Telehandler TL943C	0
BP01590	All Crane	Dragados Rental: CAT Loader 930K	2
Not used	All Crane	Dragados Rental: CAT Loader 930K	0
Not used	Dragados	Roller Compactor	0
Not used	All Crane	S-45 Aerial Lift	0
Not used	All Crane	S-45 Aerial Lift	0
BP04510	All Crane	S-60 Aerial Lift x 2	12
BP04620	All Crane	S-65 Aerial Lift	3
BP04510	All Crane	S-65 Aerial Lift	3
BP04620	All Crane	S-80 Aerial Lift	4
Not used	Dragados	Plate Tamp	0
Not used	Dragados	Dozer	0
BP01590	Dragados	Skid Steer	4
Not used	Dragados	Skid Steer	0
Not used	All Crane	Dragados Rental: Grove RT9100 100 Ton Crane	0
BP04620	All Crane	Dragados Rental: HSL-138 Link Belt 80 Ton	3
Not used	All Crane	Dragados Rental: HSL-138 Link Belt 80 Ton	0
BP01590	Dragados	Excavator	4
Not used	All Crane	Dragados Rental: 999	0
Not used	All Crane	Dragados Rental: 65 Ton Link Belt Crane	0
Not used	All Crane	Dragados Rental: Link Belt RTC-8065 65 Ton	0
Not used	All Crane	Dragados Rental: Link Belt RTC-8065 65 Ton	0
BP04510	Dragados	Nikon Total Station	1
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
Not used	Dragados	Nikon Total Station	0
BP04433	Dragados	Auto Level	3
BP04510	Dragados	Auto Level	1
Not used	Dragados	Auto Level	0
BP03370	Dragados	Topcon GPS Hyperlite	2
BP00130	Dragados	Topcon GPS Hyperlite	3
Not used	Dragados	Topcon GPS Hyperlite	0
Not used	Dragados	Topcon GPS Hyperlite	0
Not used	Dragados	Topcon AZ Level	0
Not used	Dragados	Topcon AT B4	0
Not used	GeoQuip	Dragados Rental: 7260 Crane	0
Not used	Gregory Poole	Dragados Rental: 950-H Loader	0
BP01590	Gregory Poole	Dragados Rental: 340 Mini Excavator	3.5
Not used	Gregory Poole	Dragados Rental: 304 Mini Excavator	0
Not used	Gregory Poole	Dragados Rental: 340 Mini Excavator	0
Not used	Gregory Poole	Dragados Rental: 320L Excavator	0
Not used	Gregory Poole	Dragados Rental: 320L Excavator	0
Not used	United Rentals	Dragados Rental: Straw blower (used by Jackson's lawn)	0
Not used	Advance Concrete	Quickie Saw Hasqavama	0
Not used	B&E	Nuclear Gauge 31717	0
Not used	B&H	Aerial Lift	0
Not used	Blount Sanford	6511 Machine Miller	0
Not used	Bullington Construction	Pounder	0
Not used	Carolina Signals	Ditch Witch Trencher	0
Not used	Carolina Signals	Kubota Mini Excavator	0
Not used	Carolina Signals	International Loop Truck	0
Not used	CDCI	312 Cat Skid Steer	0
Not used	CDCI	Taukiuchi Excavator	0
Not used	CDCI	E-271 Front End Loader	0
Not used	CDCI	E293 CAT D5 Dozer	0
Not used	Charles Hughes	Skid Steer	0
Not used	Charles Hughes	Mini Excavator	0
Not used	Clark Pavement	Sinper	0
Not used	Clark Pavement	Eradicator	0
Not used	Coastal Geothermal	DR 120 Drill Rig	0
Not used	Coastal Geothermal	DR 120 Drill Rig	0
Not used	Coastal Geothermal	Case 580L	0
Not used	Coastal Geothermal	JCB 508-C Fork Lift	0
Not used	Coastal Geothermal	Geo Loop 50/500 grout plant	0
Not used	Coastal Geothermal	Cat Mini X	0
Not used	Curtis Construction	Lull Forklift	0
Not used	Curtis Construction	Genie 80'	0
BP02430	Curtis Construction	JLG 60' Manlift	6.5
Not used	Curtis Construction	Sky Jack	0
Not used	Curtis Construction	Panel & Soffit machine	0
Not used	Curtis Construction	Dump truck	0
Not used	Delta Contracting	Wirtgen W220 Mill	0
Not used	Delta Contracting	International Water Truck	0
Not used	Delta Contracting	Chevrolet 3500 Truck	0
Not used	Dixie Dozer	Backhoe / Loader	0
Not used	Elite	Komatsu 270	0
Not used	Group III	Aerial Lift JLG 600S	0
Not used	Group III	JLG 20MLV	0
Not used	Group III	New Holland Skid Steer LX865	0
Not used	GW Cantrell	Roller Compactor	0
Not used	Hardscapes	Excavator DS/DX140	0
Not used	Hardscapes	54" Drum Roller	0

Not used	Hardscapes	Skid Steer	0
Not used	Industrial Concrete	Kabota mini-ex	0
Not used	Industrial Concrete	Bobcat	0
Not used	Jackson Lawn	Straw Blower	0
Not used	Jackson Lawn	Hydroseeder	0
Not used	Jackson Lawn	Water Truck	0
Not used	Jackson Lawn	New Holland Bobcat	0
Not used	Jackson Lawn	Mini Excavator	0
Not used	Jackson Lawn	Lawn Mower	0
Not used	Jackson Lawn	Magnum Sod Machine	0
Not used	J.T. Yates	Scissor Lift/SkyJack	0
Not used	J.T. Yates	Aerial Lift (Neff) #2074017	0
Not used	Kelly Plumbing	Mini Excavator	0
Not used	Kelly Plumbing	Plate Tamp	0
Not used	Kelly Plumbing	Bobcat E32	0
Not used	Lee Mechanical	Manlift x 2	0
BP04520	Martin-Pinero	Welding Machine GX300	7
Not used	Menard	218 100 ton Link Belt	0
Not used	Menard	Komatsu Excavator 360	0
Not used	Menard	John Deere front end loader	0
Not used	Menard	Ingersoll-Rand 750	0
Not used	Menard	MQPower 400 Generator	0
Not used	Menard	25W Generator	0
Not used	Menard	Welder	0
Not used	Menard	Manlift	0
Not used	Morton Trucking	Power Curber 5700-C	0
Not used	Onslow Grading	120 CAT Grader	0
Not used	Onslow Grading	CAT Roller	0
Not used	Onslow Grading	CAT Roller	0
Not used	Onslow Grading	Motor Grader CAT DH 6540	0
Not used	Onslow Grading	Dyna Pac Roller	0
Not used	Onslow Grading	CAT 1000 Paver JB103	0
Not used	Onslow Grading	CAT Paver 600-D JB-105	0
Not used	Onslow Grading	CAT Paver JB 107	0
Not used	Onslow Grading	CAT Paver	0
Not used	Onslow Grading	Hypac 766C Roller	0
Not used	Onslow Grading	Hypac Roller JB 205	0
Not used	Onslow Grading	CAT Backhoe JB 508	0
Not used	Onslow Grading	CAT Backhoe	0
Not used	Onslow Grading	CAT Backhoe	0
Not used	Onslow Grading	Sakai Roller	0
Not used	Onslow Grading	Sakai Roller	0
Not used	Onslow Grading	Bomag Roller	0
Not used	Onslow Grading	Bomag Roller	0
Not used	Onslow Grading	Laymore 8HC Broom	0
Not used	Onslow Grading	CAT 224D Roller	0
Not used	Onslow Grading	Broom Tractor	0
Not used	Onslow Grading	Broom Tractor	0
Not used	Onslow Grading	Water Truck F700	0
Not used	Onslow Grading	Transfer Buggy	0
Not used	Onslow Grading	Vibratory Soil Compactors	0
Not used	RB Group	Cx 130 Case Excavator	0
Not used	RB Group	1273 Loader	0
Not used	Rush Masonry	644 Lull #8	0
Not used	Seashore	Forklift 6035	0
Not used	Seashore	National Crane 800D	0
Not used	Seashore	Welding Machine	0
Not used	Seashore	Aerial Lift	0
Not used	T&D Solutions	Backhoe #7409	0
BP01300	T&D Solutions	Backhoe #7150	8
BP01300	T&D Solutions	Truck #885	8
Not used	T&D Solutions	Truck #274	0
Not used	T&D Solutions	Truck #886	0
Not used	T&D Solutions	Truck #2137	0
Not used	T&D Solutions	Truck # 9248	0
Not used	T&D Solutions	Truck # 9257	0
Not used	T&D Solutions	Line Truck #2285	0
BP01300	T&D Solutions	Line Truck #2283	8
Not used	T&D Solutions	Line Truck #2153	0
Not used	T&D Solutions	Trencher #7167	0
Not used	Tnangle	1611 Roller	0
Not used	Tnangle	1611 Roller	0
Not used	Tnangle	1065 Roller	0
Not used	Tnangle	1281 Roller	0
BP00400	Tnangle	1519 Roller	8
Not used	Tnangle	1519 Roller	0
Not used	Tnangle	1593 Roller	0
Not used	Tnangle	978 Dynapac Roller	0
Not used	Tnangle	1609 Roller Ingersoll	0
Not used	Tnangle	813 Trackhoe	0
Not used	Tnangle	1029 JD Tractor	0
Not used	Tnangle	1029 JD Tractor	0
Not used	Tnangle	721 Tractor	0
Not used	Tnangle	1026 Tractor	0
Not used	Tnangle	1564 Pan	0
Not used	Tnangle	4650 JD with tiller	0
Not used	Tnangle	9400 JD with drag	0
Not used	Tnangle	Sakai Roller	0
Not used	Tnangle	345 Backhoe	0
Not used	Tnangle	1431 Backhoe	0
Not used	Tnangle	1593 Excavator	0
Not used	Tnangle	813 Excavator	0
Not used	Tnangle	1085 Excavator	0
Not used	Tnangle	1223 Excavator	0
Not used	Tnangle	1417 Excavator	0

Not used	Triangle	1182 Excavator	0
Not used	Triangle	1382 Excavator	0
Not used	Triangle	1648 Excavator	0
Not used	Triangle	1552 Excavator	0
Not used	Triangle	1552 Excavator	0
Not used	Triangle	1430 Excavator	0
Not used	Triangle	1410 Excavator	0
Not used	Triangle	1142 Excavator	0
Not used	Triangle	Long Reach Excavator	0
Not used	Triangle	Takeuchi TB 138	0
Not used	Triangle	1014 844J JD Excavator	0
Not used	Triangle	300LC Excavator	0
Not used	Triangle	1564 Scraper	0
Not used	Triangle	1417 JD 270	0
Not used	Triangle	CAT 320E	0
Not used	Triangle	300 Komatsu	0
Not used	Triangle	960 JD	0
Not used	Triangle	962g CAT Loader	0
Not used	Triangle	B35D Bell Hauler	0
Not used	Triangle	1029 JD Loader	0
Not used	Triangle	Widener 1589	0
Not used	Triangle	1320 862 JD	0
Not used	Triangle	1014 Loader	0
Not used	Triangle	968 Loader	0
Not used	Triangle	1076 Loader	0
Not used	Triangle	1076 Loader	0
Not used	Triangle	1431 Loader	0
Not used	Triangle	1273 Loader	0
Not used	Triangle	1273 Loader	0
Not used	Triangle	955 Loader	0
Not used	Triangle	L-150 Volvo Loader (955)	0
Not used	Triangle	930 CAT Loader 1028	0
Not used	Triangle	CAT Rubber Tire	0
BP00400	Triangle	158 Rock Box	8.5
Not used	Triangle	158 Dozer	0
Not used	Triangle	1504 Dozer	0
Not used	Triangle	896 Dozer	0
Not used	Triangle	986 Dozer	0
Not used	Triangle	257 Dozer	0
BP00400	Triangle	1232 Dozer	8.5
Not used	Triangle	1657 Dozer	0
Not used	Triangle	1657 Dozer	0
Not used	Triangle	364 Grader	0
BP00400	Triangle	Motor Grader 1011	8.5
Not used	Triangle	Motor Grader 1011	0
Not used	Triangle	TS 31 Terex Off Road	0
Not used	Triangle	TS 34 Terex Off Road	0
Not used	Triangle	7106 Terex	0
Not used	Triangle	Skid Steer 1577	0
Not used	Triangle	8300 JD Disk	0
Not used	Triangle	Water Truck 3422	0
Not used	Triangle	Water Truck 1593	0
Not used	Triangle	Water Tank	0
Not used	Trueline	Backhoe	0
Not used	Trueline	Welder	0
Not used	Truss Link	Man Boom	0
Not used	Truss Link	Sissorlift	0
Not used	Truss Link	Forklift	0
Not used	Yto-Eta	Genie Lift 222972	0
Not used	Yto-Eta	Aerial Lift	0

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD PROJECT

### DAILY WORK SITE SAFETY INSPECTION

SUPERINTENDENT:

**(B) (6)** (Roadway Superintendent);  
(Structures Superintendent)

SPECIFIC AREA(S) INSPECTED:

Entire Site

INSTRUCTIONS: Performed daily by Dragados USA Health and Safety Department. (NA=Not applicable)

Pre-Work										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members of crew, and posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OSHA Posters – SHEMS Postings			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Areas Inspected			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present			
Personal Protective Equipment										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hi-Visibility Apparel (Class 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall Protection (100% Fall Protection Required at six feet or greater)										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ladders and Scaffolding										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housekeeping										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoisting and Rigging Equipment										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Equipment										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavations										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Barricades										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental										
Yes	No	NA		Yes	No	NA		Yes	No	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wetland Boundary Tape/Fence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HazCom plan posted in work areas					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any Environmental Concerns?			Erosion Control continuously being performed.							
WEATHER										
Event:			Precipitation	Visibility	Temperatures		Wind Speeds			
Fog, Rain, Thunderstorm			0.76	8	Hi:	70 °F	Max:	26	MPH	
			Inches	Miles	Lo:	54 °F	Gust:	32	MPH	
Comments										
06:55 - Site Inspection – No new hazards identified.										
07:15 - Reviewed daily work plan with Berry Harbby (Roadway Superintendent).										
09:30 - QA/QC/Owners meeting										
10:45 - Site Inspection – no notable deficiencies										
15:15 - Site Inspection – no notable deficiencies										
19:00 - Site Closed Out. No Accidents, Injuries or incidents to report.										
INSPECTION PERFORMED BY:			TITLE:				DATE:			
(B) (6), CHST			Safety Manager				Thursday, May 5, 2016			

**Signa**

CREW Erosion / MOT

**DRAGADOS USA**

(b) (6)

[illegible]

## .WORK SITE SAFETY INSPECTION

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Site-Wide

**INSTRUCTIONS:** Performed daily by subcontractor superintendent/foreman of work area responsible for. Daily Work Site Safety Inspections will be maintained at subcontractor project location and available for inspection by The Dragados USA Health and Safety Department.

Y=Yes, N= No, NA=Not applicable

Pre-Work							
Y	N	NA		Y	N	NA	
X	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	X	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available
X	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	X	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
X	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	X	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
X	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	X	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present
Personal Protective Equipment							
Y	N	NA		Y	N	NA	
X	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	X	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests
X	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	X	<input type="checkbox"/>	<input type="checkbox"/>	Gloves
X	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	X	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection
							Face shields
							Welding hood and gloves
							Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)							
<input type="checkbox"/>	<input type="checkbox"/>	X	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	X	Harness and lanyards checked
<input type="checkbox"/>	<input type="checkbox"/>	X	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	X	Roof Opening guarded
<input type="checkbox"/>	<input type="checkbox"/>	X	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	X	Netting checked
							Horizontal lifeline checked
							Wall openings guarded
Ladders and Scaffolding							
<input type="checkbox"/>	<input type="checkbox"/>	X	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	X	Ladder extended three feet
<input type="checkbox"/>	<input type="checkbox"/>	X	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	X	Sections properly pinned
<input type="checkbox"/>	<input type="checkbox"/>	X	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	X	Handrail in place
						XX	Stepladders in open position
							Components not damaged
							Planking secured
Housekeeping							
X	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input type="checkbox"/>	<input type="checkbox"/>	X	Trash cans in work area
X	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	X	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained
							Debris removed
Hoisting and Rigging Equipment							
<input type="checkbox"/>	<input type="checkbox"/>	X	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	X	One-eye per hook
<input type="checkbox"/>	<input type="checkbox"/>	X	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	X	Safety latch on hook checked
<input type="checkbox"/>	<input type="checkbox"/>	X	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	X	Knowledge of crane signals
							Sling/chokers stored
							Cranes flagged off
							Lift zone designated
Mobile Equipment							
X	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	X	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual
X	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	X	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
X	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	X	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed
							Daily Equipment Inspection
							Blind Spots to those around
							Eye Contact Being Made
Excavations							
<input type="checkbox"/>	<input type="checkbox"/>	X	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	X	Shore / shield / slope / bench proper
<input type="checkbox"/>	<input type="checkbox"/>	X	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	X	Spoil pile 2' from edge
<input type="checkbox"/>	<input type="checkbox"/>	X	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	X	Post-holing Performed
							Excavation checked daily
							Workers trained
							Verification of ID'd Utilities
Temporary Barricades							
<input type="checkbox"/>	<input type="checkbox"/>	X	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	X	All sides of work area barricaded
							Barricade removed or disposed of properly
Electrical							
<input type="checkbox"/>	<input type="checkbox"/>	X	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	X	Current inspection color on cords
							GFCI working
Environmental							
X	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	X	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available
<input type="checkbox"/>	X	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today
							Haz-Com plan posted in work areas
							Fueling area meets Dragados/FD requirements
Any Environmental Concerns?							
Comments							
INSPECTION PERFORMED BY:			TITLE:			DATE:	
(B) (6)			Foreman			5/5/16	

## DAILY RISK ASSESSMENT

Safety: (B) (6)  
Project Manager: (B) (6)  
Operation:

Super: (B) (6)  
Job #:

Foreman: (B) (6)  
Date and Time: 5/5/16

## DRAGADOS USA

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS		HAZARDS		CORRECTIVE ACTIONS		RISK
1	Erosion Maintenance	1	Pinsh Points	1	Watch Hand & Body Placement	
2		2	Inaplement		Use Rebar Caps On All Inpalemt Dangers	
3		3	Traffic	3	Watch For Cars And Stay Off Of Road	
4		4		4		
5		5		5		
6		6		6		
7		7		7		
8		8		8		
9		9		9		
10		10		10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles	<input type="checkbox"/> Other

## REQUIRED TOOLS

<input type="checkbox"/> Air Monitor	<input type="checkbox"/> Chop Saw	<input type="checkbox"/> Electrical Drill	<input type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw	<input type="checkbox"/> Other
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input type="checkbox"/> Electrical Grinder	<input type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools	<input type="checkbox"/> Other
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input type="checkbox"/> Pry Bar	<input type="checkbox"/> Other
<input type="checkbox"/> Chipping Gun	<input type="checkbox"/> Electrical Cords	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer	<input type="checkbox"/> Other
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input type="checkbox"/> Sawzall	<input type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine	<input type="checkbox"/> Other

## EQUIPMENT TO BE USED

<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Compaction Equip.	<input type="checkbox"/> Dozer	<input type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Concrete Buggy	<input type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> Air Tools	<input type="checkbox"/> Concrete Pump	<input type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menzi Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Signature: (B) (6) Date: \_\_\_\_\_  
Signature: (B) (6) Date: \_\_\_\_\_  
Signature: (B) (6) Date: \_\_\_\_\_  
Signature: / Date: \_\_\_\_\_

Signature: (B) (6) Date: \_\_\_\_\_  
Signature: (B) (6) Date: \_\_\_\_\_  
Signature: (B) (6) Date: \_\_\_\_\_  
Signature: (B) (6) Date: \_\_\_\_\_

Signature \_\_\_\_\_ (b) (6)

**CREW Bridge Crew**

[illegible]

330

# DAILY RISK ASSESSMENT

Safety: (B) (6)

Super: (B) (6)

Foreman: (B) (6)

Project Manager: (B) (6)

Job #: LAGUNA

Date and Time: 5-5-16 7:03

DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 CLEAN C&D DECK HB	1 CONCRETE SPILLAGE	1 STAY CLEAR / BE AWARE	L
2 FORM APPROACH SB MPA HB	2 SLIP/TRIP/FALLS	2 CLEAR AREA FROM HAZARD	L
3 POUR + FORM CURB RHB	3 PINCH POINTS	3 NEVER PLACE YOUR FEET	L
4			
5			
6			
7			
8			
9			
10			

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

<input type="checkbox"/> Abrasive Blast Hood	<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Hearing Protection	<input checked="" type="checkbox"/> Fire Extinguishers	<input type="checkbox"/> Welding Screen
<input type="checkbox"/> Beam Walkers	<input type="checkbox"/> 2-Legged Lanyard	<input type="checkbox"/> Respirators (Type)	<input type="checkbox"/> Self-Retracting Lanyard	<input type="checkbox"/> Welding Hood
<input type="checkbox"/> Chain Saw Chaps	<input type="checkbox"/> Cutting Goggles	<input type="checkbox"/> Multi-gas Monitor	<input type="checkbox"/> Rubber Over Boots	<input type="checkbox"/> Stop Paddles
<input type="checkbox"/> Air Monitor	<input checked="" type="checkbox"/> Chop Saw	<input checked="" type="checkbox"/> Electrical Drill	<input type="checkbox"/> Hydraulic Jacks	<input type="checkbox"/> Portable Bandsaw
<input type="checkbox"/> Blower	<input type="checkbox"/> Concrete Bucket	<input checked="" type="checkbox"/> Electrical Grinder	<input type="checkbox"/> Impact Wrench	<input type="checkbox"/> Powder Actuated Tools
<input type="checkbox"/> Chain Saw	<input type="checkbox"/> Cutting Torch	<input checked="" type="checkbox"/> Generator	<input type="checkbox"/> Ladders	<input type="checkbox"/> Pry Bar
<input type="checkbox"/> Chipping Gun	<input checked="" type="checkbox"/> Electrical Cords	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> Nail Guns	<input type="checkbox"/> Roto Hammer
<input type="checkbox"/> Blowpipe	<input type="checkbox"/> Stripping Buggy	<input type="checkbox"/> Sawzall	<input checked="" type="checkbox"/> Vibrator	<input type="checkbox"/> Welding Machine

## EQUIPMENT TO BE USED

<input type="checkbox"/> Aerial Lift	<input type="checkbox"/> Compaction Equip.	<input type="checkbox"/> Dozer	<input type="checkbox"/> Hammer/Vibro. Leads	<input type="checkbox"/> Rigging Equipment	<input type="checkbox"/> Trench Plates
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Concrete Buggy	<input type="checkbox"/> Excavator	<input type="checkbox"/> Hydraulic Cranes	<input type="checkbox"/> Rock Drill	<input type="checkbox"/> Vacuum Truck
<input type="checkbox"/> Air Tools	<input type="checkbox"/> Concrete Pump	<input checked="" type="checkbox"/> Forklift	<input type="checkbox"/> Light Towers	<input type="checkbox"/> Shoring Equipment	<input type="checkbox"/> Other
<input type="checkbox"/> Backhoe/Loader	<input type="checkbox"/> Concrete Trucks	<input type="checkbox"/> Flatbed Trucks	<input type="checkbox"/> Menzi Mucker	<input type="checkbox"/> Traffic Control Trucks	<input type="checkbox"/> Other

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16	Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16
Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16	Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16
Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16	Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16
Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16	Signature: (B) (6)	Print: (B) (6)	Date: 5-5-16

**DRAGADOS USA**

(B)(6)

	1	2	3	4	5	6	7	8	9	10	11	12	Total	INJURY?	INITIAL
(B) (6)	3	3	3									no lunch	9	<input type="checkbox"/> Yes <input type="checkbox"/> No	630a-330p
		8											8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
				8									8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
	8												8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
				8									8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
(B) (6)												no work		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	8		8										8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
														<input type="checkbox"/> Yes <input type="checkbox"/> No	
	8	4	2										8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
												no work		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(B) (6)		8											8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
				8									8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
													8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
				8									8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
				8									8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
(B) (6)	8												8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
		8											8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
													8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
													8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
													8	<input type="checkbox"/> Yes <input type="checkbox"/> No	7a-330p
TOTAL															
Equipment	4510	4380	4420	4510											
60' Aerial lift	6												6		
60' Aerial lift	6												6		
65' Aerial lift			3	3									6		
80' Aerial lift			4										4		
934 telehandler	2	1	2										5		
138 crawler			3										3		
TOTAL															
MATERIALS															
Subs															
SUBCONTRACTOR 1	Martin-Pinero	3	Guys	7a-430p	SB Span F										
SUBCONTRACTOR 3															
SUBCONTRACTOR 4															

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Holcomb Blvd

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and Scaffolding											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting and Rigging Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?			No								
Comments											

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

Bridge Foreman

5-5-16

## DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 10154829

Inspector: **(B) (6)**

Job #:

Week Beginning: 5/5/16

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes				✓				
Base Operation Controls				✓				
Basket Operation Controls				✓				
Foot Controls (if applicable)				✓				
Safety Signs (Readable)				✓				
<b>Boom</b>								
Hydraulic Leaks				✓				
Extension Chain & Pivot Pins				✓				
Electrical Lines				✓				
Basket Cage and Gate				✓				
Anchorage Points				✓				
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts				✓				
Leaks				✓				
Electrical				✓				
Tires & Outriggers				✓				
Back Up Alarm & Manual				✓				
<b>Engine Compartment (Visual)</b>								
Oil Level				✓				
Fuel Level				✓				
Belt, Hose & Motor Condition				✓				
Battery & Electrical				✓				

Addition Notes: \_\_\_\_\_

Dept. Foreman Signature: \_\_\_\_\_

Date: 5/5/16

# DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 4829

Inspector: **(B) (6)**

Job #: 1/02COMB BLVD

Week Beginning: 4-5-16

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes				✓				
Base Operation Controls				✓				
Basket Operation Controls				✓				
Foot Controls (if applicable)				✓				
Safety Signs (Readable)				✓				
<b>Boom</b>								
Hydraulic Leaks				✓				
Extension Chain & Pivot Pins				✓				
Electrical Lines				✓				
Basket Cage and Gate				✓				
Anchorage Points				✓				
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts				✓				
Leaks				✓				
Electrical				✓				
Tires & Outriggers				✓				
Back Up Alarm & Manual				✓				
<b>Engine Compartment (Visual)</b>								
Oil Level				OK				
Fuel Level				✓				
Belt, Hose & Motor Condition				✓				
Battery & Electrical				✓				

Addition Notes: Hours 657

Dept. Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 4914

Inspector: **(B) (6)**

Job #: 10Lcomb Blvd.

Week Beginning: 4-5-16

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes				✓				
Base Operation Controls				✓				
Basket Operation Controls				✓				
Foot Controls (if applicable)				✓				
Safety Signs (Readable)				✓				
<b>Boom</b>								
Hydraulic Leaks				✓				
Extension Chain & Pivot Pins				✓				
Electrical Lines				✓				
Basket Cage and Gate				✓				
Anchorage Points				✓				
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts				✓				
Leaks				✓				
Electrical				✓				
Tires & Outriggers				✓				
Back Up Alarm & Manual				✓				
<b>Engine Compartment (Visual)</b>								
Oil Level				OK				
Fuel Level				✓				
Belt, Hose & Motor Condition				✓				
Battery & Electrical				✓				

Addition Notes: 1400RS 11/15

Dept. Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# DAILY AERIAL LIFT INSPECTION FORM

LIFT #: 10098587

Inspector: **(B) (6)**

Job #:

Week Beginning: 5-5-16

**Instruction:**

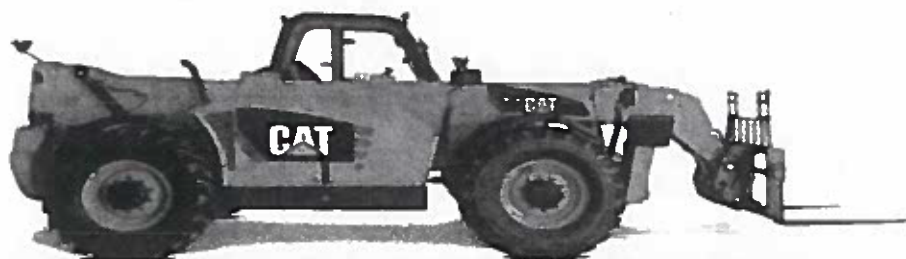
*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes				✓				
Base Operation Controls				✓				
Basket Operation Controls				✓				
Foot Controls (if applicable)				✓				
Safety Signs (Readable)				✓				
<b>Boom</b>								
Hydraulic Leaks				none				
Extension Chain & Pivot Pins				✓				
Electrical Lines				✓				
Basket Cage and Gate				✓				
Anchorage Points				✓				
<b>Base (Visual)</b>								
Broken, Cracked or Loose Parts				none				
Leaks				none				
Electrical				✓				
Tires & Outriggers				✓				
Back Up Alarm & Manual				✓				
<b>Engine Compartment (Visual)</b>								
Oil Level				✓				
Fuel Level				1/2 Tank				
Belt, Hose & Motor Condition				✓				
Battery & Electrical				✓				

Addition Notes: hours 1695.7

Dept. Foreman Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Safety & Maintenance Inspection - Telehandlers

SAFETY.CAT.COM™

Operator/Inspector **(B) (6)** Date 5-5-16 Time 7:20  
 Serial Number 9450 Machine Hours 1429.4

What are you inspecting?	✓ What are you looking for?	✓ Evaluator Comments
For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer		

### ON THE MACHINE, OUTSIDE THE CAB

Mirror	✓	Clean, damage, properly adjusted	
Windows	✓	Clean, damage, front and top	
Windshield Wipers	✓	Arm and rubber blade intact	N/A
Forks	✓	Damage, cracks, misalignment, check welds, locking pins in place and secure	
Warning Decals	✓	Missing, legible, damaged	
Tires	✓	Damage, pressure, bulges	
Wheels	✓	Loose lug bolts, bent rims, cracks	
Differentials	✓	Oil leaks, cracks in housing	
Guards and covers	✓	Damage, in place	
Steps and Handrail	✓	Damage, cleanliness	
Stabilizer Arms, Cylinders, Pads	✓	Damage, oil leaks, cylinder rod, missing bolts	
Battery/Terminals	✓	Cable connections, water, clean -no corrosion	
Overall Machine	✓	Loose or missing nuts & bolts, Loose guards, Damaged parts, cleanliness	

### ENGINE COMPARTMENT

Engine Oil	✓	Fluid level	
Engine Coolant	✓	Fluid level	
Hydraulic Oil	✓	Fluid Level	
Air Filter	✓	Restriction indicator	
Radiator	✓	Fin blockage, leaks, cleanliness	
All Hoses	✓	Cracks, wear spots, leaks	
All Belts	✓	Tightness, wear, cracks, delamination	
Overall Engine Compartment	✓	Trash or dirt buildup, leaks	

### INSIDE THE CAB

ROPS or FOPS	✓	Damage, loose bolts	
Seat	✓	Adjustment, pedal travel	
Seat Belt & Mounting	✓	Damage, wear, adjustment, age of install, manufacture date	
Fire Extinguisher	✓	Charge, damage, inspection card to date	
Horn, backup alarm, lights, wipers	✓	Proper Function	
Controls, gauge lenses	✓	Proper Function, cleanliness	
Overall Cab Interior	✓	Cleanliness	

SAFETY.CAT.COM™  
<http://safety.cat.com/checklists>

V0810.1

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**CATERPILLAR**

# DRAGADOS USA

Safety: (B) (6)  
Project Manager:  
Operation:

Super: (B) (6)  
Job #:

Foreman: (B) (6)  
Date and Time: 5-5-16

- 1 HB SB Best 3 Diaphragm
- 2 HB SB EPI Approach
- 3 HB SB Spax F overhangs
- 4 HB SB Best 2 Diaphragms (strip)
- 5
- 6
- 7
- 8
- 9
- 10

- 1 Slip, tripe and falls
- 2 craning equipment
- 3 over-head loads
- 4 over-head work
- 5
- 6
- 7
- 8
- 9
- 10

- 1 Maintain good housekeeping
- 2 Listen for backup alarms
- 3 Be aware of crane activity
- 4 Stay from under work done above
- 5
- 6
- 7
- 8
- 9
- 10

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood
- ☐ Beam Walkers
- ☐ Chain Saw Chaps

- ☐ Face Shield
- ☐ Full Body Harness
- ☐ Cutting Goggles

- ☐ Hearing Protection
- ☐ Respirators (Type)
- ☐ Rubber Over Boots

- ☒ Fire Extinguishers
- ☒ Self-Retracting Lanyard
- ☐ Stop Paddles

- ☐ Welding Screen
- ☐ Welding Hood
- ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor
- ☐ Blower
- ☐ Chain Saw
- ☐ Chipping Gun
- ☐ Blowpipe

- ☒ Electrical Drill
- ☒ Electrical Grinder
- ☒ Generator
- ☒ Hand Tools
- ☒ Sawzall

- ☐ Hydraulic Jacks
- ☐ Impact Wrench
- ☒ Ladders
- ☐ Nail Guns
- ☐ Vibrator

- ☒ Portable Bandsaw
- ☐ Powder Actuated Tools
- ☒ Pry Bar
- ☐ Roto Hammer
- ☐ Welding Machine

- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other

## EQUIPMENT TO BE USED

- ☒ Aerial Lift
- ☐ Air Compressor
- ☐ Air Tools
- ☐ Backhoe/Loader

- ☐ Compaction Equip.
- ☐ Concrete Buggy
- ☐ Concrete Pump
- ☐ Concrete Trucks

- ☐ Dozer
- ☐ Excavator
- ☒ Forklift
- ☐ Flatbed Trucks

- ☐ Hammer/Vibro. Leads
- ☐ Hydraulic Cranes
- ☒ Light Towers
- ☐ Menz Mucker

- ☐ Rigging Equipment
- ☐ Rock Drill
- ☐ Shoring Equipment
- ☐ Traffic Control Trucks

- ☐ Trench Plates
- ☐ Vacuum Truck
- ☐ Other
- ☐ Other

What is your evacuation route and assembly point?

Signature: (B) (6)  
Print: (B) (6)

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Signature: (B) (6)

	1	2	3	4	5	6	7	8	9	10	11	12	Total	INJURY?	INITIAL
(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
														<input type="checkbox"/> Yes <input type="checkbox"/> No	
														<input type="checkbox"/> Yes <input type="checkbox"/> No	
														<input type="checkbox"/> Yes <input type="checkbox"/> No	
														<input type="checkbox"/> Yes <input type="checkbox"/> No	
(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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(B) (6)	4.5	3	2										9.5	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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														<input type="checkbox"/> Yes <input type="checkbox"/> No	
														<input type="checkbox"/> Yes <input type="checkbox"/> No	

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

DRAGADOS USA

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

END BRIT 1 / Holcomb BRIDGE

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members and posted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ladders and Scaffolding											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting and Rigging Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slings/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Operator License	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Equipment Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily Equipment Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seatbelts used	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blind Spots to those around
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spotters used when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Eye Contact Being Made
Excavations											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of ID d Utilities
Temporary Barricades											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current inspection color on cords	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GFCI working
Environmental											
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?		<input type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?											
Comments											

INSPECTION PERFORMED BY:

(B) (6)

TITLE:

SURVEY CHIEF

DATE:

5-5-16

# DAILY RISK ASSESSMENT

Safety: (B) (6)

Project Manager: \_\_\_\_\_  
Operation: \_\_\_\_\_

Super: (B) (6)

Job #: Amp Legend

Foreman: (B) (6)

Date and Time: 5-5-16

**DRAGADOS USA**

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

L

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Elevations on span f NB girder	1 fall hazard	1 Assess fall protection is worn	M
2		2 properly and is in good working	
3		3 condition, minimize disturbance	
4			
5			
6			
7			
8			
9			
10			

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☒ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point? Dragados trailer or ranger station. EMERGENCY #: 911

Signature: (B) (6) Date: 5-5-16  
Signature: (B) (6) Date: 5-5-16  
Signature: (B) (6) Date: 5-5-16  
Signature: (B) (6) Date: 5-5-16

## CREW SIGNATURES

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: Building and Earth Sciences

Subtier Subcontractor: \_\_\_\_\_

Date: 5-5-2016

S M T W Th F S

### ACTIVITY LOCATION & HOURS

	Employee Name	1	2	3	4	Total Hours
		BHCB	Area 5	Holcomb Blvd		
1	(B) (6)					0
2		2.0	1.75	4.75		8.5
3						
4						
5						
6						
7						
8						
9						
10						

	Equipment Used/Onsite (Make/ & Model #)	Equipment Hours			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### Activity Work Performed

1	BHCB: Concrete Testing	BPO 5600
2	Area 5: Concrete Testing	BPO 1720
3	Holcomb Blvd: Density Testing	BPO 3510
4		

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

5-5-2016

Date

# DAILY RISK ASSESSMENT

**DRAGADOS USA**

Safety: \_\_\_\_\_ Super: \_\_\_\_\_ Foreman: **(B) (6)**  
 Project Manager: \_\_\_\_\_ Job #: \_\_\_\_\_ Date and Time: 5-5-2016

Operation: Building & Earth Sciences

6 BODY IN MODERATE TO HIGH RISK - EXTREMELY HIGH

## HAZARDS

- 1 Heavy Equipment Operation
- 2 Gas Stone Operation
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

- 1 Watch for moving vehicles & equipment
- 2 Reverse Loose Clothing
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- |  |  |  |   |  |   |
|--|--|--|---|--|---|
| <input type="checkbox"/> Abrasive Blast Hood | <input type="checkbox"/> Face Shield       | <input type="checkbox"/> Safety Goggles    | <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Fire Extinguishers      | <input type="checkbox"/> Welding Screen |
| <input type="checkbox"/> Beam Walkers        | <input type="checkbox"/> Full Body Harness | <input type="checkbox"/> 2-Legged Lanyard  | <input type="checkbox"/> Respirators (Type) | <input type="checkbox"/> Self-Retracting Lanyard | <input type="checkbox"/> Welding Hood   |
| <input type="checkbox"/> Chain Saw Chaps     | <input type="checkbox"/> Cutting Goggles   | <input type="checkbox"/> Multi-gas Monitor | <input type="checkbox"/> Rubber Over Boots  | <input type="checkbox"/> Stop Paddles            | <input type="checkbox"/> Other _____    |
- 
- ### REQUIRED TOOLS
- |                                       |   |   |  |  |                                      |
|---------------------------------------|---|---|--|--|--------------------------------------|
| <input type="checkbox"/> Air Monitor  | <input type="checkbox"/> Chop Saw         | <input type="checkbox"/> Electrical Drill   | <input type="checkbox"/> Hydraulic Jacks | <input type="checkbox"/> Portable Bandsaw      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blower       | <input type="checkbox"/> Concrete Bucket  | <input type="checkbox"/> Electrical Grinder | <input type="checkbox"/> Impact Wrench   | <input type="checkbox"/> Powder Actuated Tools | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chain Saw    | <input type="checkbox"/> Cutting Torch    | <input type="checkbox"/> Generator          | <input type="checkbox"/> Ladders         | <input type="checkbox"/> Pry Bar               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Chipping Gun | <input type="checkbox"/> Electrical Cords | <input type="checkbox"/> Hand Tools         | <input type="checkbox"/> Nail Guns       | <input type="checkbox"/> Roto Hammer           | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Blowpipe     | <input type="checkbox"/> Stripping Buggy  | <input type="checkbox"/> Sawzall            | <input type="checkbox"/> Vibrator        | <input type="checkbox"/> Welding Machine       | <input type="checkbox"/> Other _____ |

## EQUIPMENT TO BE USED

- |   |  |   |  |   |  |
|---|--|---|--|---|--|
| <input type="checkbox"/> Aerial Lift    | <input type="checkbox"/> Compaction Equip. | <input type="checkbox"/> Dozer          | <input type="checkbox"/> Hammer/Vibro. Leads | <input type="checkbox"/> Rigging Equipment      | <input type="checkbox"/> Trench Plates |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Concrete Buggy    | <input type="checkbox"/> Excavator      | <input type="checkbox"/> Hydraulic Cranes    | <input type="checkbox"/> Rock Drill             | <input type="checkbox"/> Vacuum Truck  |
| <input type="checkbox"/> Air Tools      | <input type="checkbox"/> Concrete Pump     | <input type="checkbox"/> Forklift       | <input type="checkbox"/> Light Towers        | <input type="checkbox"/> Shoring Equipment      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Backhoe/Loader | <input type="checkbox"/> Concrete Trucks   | <input type="checkbox"/> Flatbed Trucks | <input type="checkbox"/> Menzi Mucker        | <input type="checkbox"/> Traffic Control Trucks | <input type="checkbox"/> Other _____   |

What is your evacuation route and assembly point?

Print: **(B) (6)**

Signature: **(B) (6)**

Date: 5-5

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Time-in: 7.0

Time-out: 5.0

**DRAGADOS USA****Subcontractor's Daily Work Report**Subcontractor: Consolidated

Subtier Subcontractor: \_\_\_\_\_

Date: 5-5-16SU MO TU WE TH FR SA**ACTIVITY LOCATION & HOURS**

	Employee's Name	1	2	3	4	Total Hours
		Area 1 Holcomb Blvd	Area 1 Ramp T	office		
1	(B) (6)	2	3	4.5		9.5
2						
3						
4						
5						
6						
7						
8						
9						
10						

	Equipment Used/Onsite (Make & Model Number)	EQUIPMENT HOURS				Total Hours
		1	2	3	4	
1	Topcon Hiper V Rover	2	3			5
2	Topcon Hiper V Base	2	3			5
3	Ranger TDS Controller	2	3			5
4						
5						
6						
7						
8						
9						
10						
11						
12						

**ACTIVITY WORK PERFORMED**

1	BP03370: Calculated total quantity of milled Asphalt
2	BP00130: Re-stake Expressway gutters
3	BP00690: Calculate total Asphalt Quantities for BER Project
4	

Th

at all of this information is complete and accurate.

5/6/16  
 Date

## DAILY RISK ASSESSMENT

Safety: (B) (6)

Super: (B) (6)

Foreman: (B) (6)

Project Manager:

Job #: Camp Lejeune

Date and Time: 5-5-16

DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

L

## TASKS

1 Re-store EWB @ Camp T

2

3

4

5

6

7

8

9

10

## HAZARDS

1 Slips, trips and falls

2

3

4

5

6

7

8

9

10

## CORRECTIVE ACTIONS

1 Ensure Stable footing

2

3

4

5

6

7

8

9

10

## RISK

L

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood☐ Face Shield☐ Full Body Harness☐ Safety Goggles☐ Hearing Protection☐ Fire Extinguishers☐ Welding Screen☐ Beam Walkers☐ 2-Legged Lanyard☐ Respirators (Type)☐ Self-Retracting Lanyard☐ Welding Hood☐ Chain Saw Chaps☐ Cutting Goggles☐ Multi-gas Monitor☐ Rubber Over Boots☐ Stop Paddles☐ Other

## REQUIRED TOOLS

☐ Air Monitor☐ Chop Saw☐ Electrical Drill☐ Hydraulic Jacks☐ Portable Bandsaw☐ Other☐ Blower☐ Concrete Bucket☐ Electrical Grinder☐ Impact Wrench☐ Powder Actuated Tools☐ Other☐ Chain Saw☐ Cutting Torch☐ Generator☐ Ladders☐ Pry Bar☐ Other☐ Chipping Gun☐ Electrical Cords☒ Hand Tools☐ Nail Guns☐ Roto Hammer☐ Other☐ Blowpipe☐ Stripping Buggy☐ Sawzall☐ Vibrator☐ Welding Machine☐ Other

## EQUIPMENT TO BE USED

☐ Aerial Lift☐ Compaction Equip.☐ Dozer☐ Hammer/Vibro. Leads☐ Rigging Equipment☐ Trench Plates☐ Air Compressor☐ Concrete Buggy☐ Excavator☐ Hydraulic Cranes☐ Rock Drill☐ Vacuum Truck☐ Air Tools☐ Concrete Pump☐ Forklift☐ Light Towers☐ Shoring Equipment☐ Other☐ Backhoe/Loader☐ Concrete Trucks☐ Flatbed Trucks☐ Menzi Mucker☐ Traffic Control Trucks☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point? Dragados Trailer, Ranger station

EMERGENCY #:

911

## CREW SIGNATURES

## CREW SIGNATURES

Print: (B) (6)

Signature: (B) (6)

Date: 5-5-16

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**DRAGADOS USA****Subcontractor's Daily Work Report**Subcontractor: Group 111Subtier Subcontractor: Curtis Const. Co.Date: 5-5-2016SU MO TU WE **TH** FR SA**ACTIVITY LOCATION & HOURS**

Employee's Name		1	2	3	4	Total Hours
<b>(B) (6)</b>		2430				
		6.5				
		6.5				
		6.5				
		6.5				
		6.5				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS				Total Hours
1	Genie 5-60	6.5				
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**ACTIVITY WORK PERFORMED**

1	Installed downspouts and 1200F Flash
2	
3	
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

**(B) (6)**

Signature

5-5-2016

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR WORK SITE SAFETY INSPECTION

SUPERINTENDENT'S NAME:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

Base Entry

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for Daily Work Site Safety Inspections will be maintained at subcontractor project location and available for inspection by The Dragados USA Health and Safety Department.

Y=Yes, N=No, N/A=Not applicable

Y	N	N/A		Y	N	N/A		Y	N	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSDS Sheets obtained and available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present
<b>Personal Protective Equipment</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
<b>Fall Protection Equipment and Equipment Inspection and Maintenance</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ladders and Scaffolding</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stapladders in open position
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planing secured
<b>Housekeeping</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hoisting and Rigging Equipment</b>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
<b>Mobile Equipment</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
<b>Excavations</b>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<b>Temporary Barricades</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
<b>Electrical</b>											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
<b>Environmental</b>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
<b>Any Environmental Concerns?</b>											
<b>Comments</b>											

(B) (6)

TITLE:

DATE:

5-5-2016

# Seashore Builders

## DAILY AERIAL LIFT INSPECTION FORM

LIFT #: Genie S-60

Inspector: (B) (6)

Job #: 2430

Week Beginning: 5-5-2016

**Instruction:**

*Each aerial lift will be operationally tested and visually inspected each day. The designated inspector will place a (✓) in the appropriate box when an item passes inspection. Leave the box empty and note a brief description of any problem. Immediately notify the Foreman of any aerial lift deficiencies. The Foremen will forward this inspection form to the Safety Dept. at the end of each week.*

Operating Controls (Operational)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Maintenance Needed
Emergency Stop & Brakes				✓				
Base Operation Controls				✓				
Basket Operation Controls				✓				
Foot Controls (if applicable)				✓				
Safety Signs (Readable)				✓				
<b>Boom</b>								
Hydraulic Leaks				✓				
Extension Chain & Pivot Pins				✓				
Electrical Lines				✓				
Basket Cage and Gate				✓				
Anchorage Points				✓				
<b>Base</b> (Visual)								
Broken, Cracked or Loose Parts				✓				
Leaks				✓				
Electrical				✓				
Tires & Outriggers				✓				
Back Up Alarm & Manual				✓				
<b>Engine Compartment</b> (Visual)								
Oil Level				✓				
Fuel Level				✓				
Belt, Hose & Motor Condition				✓				
Battery & Electrical				✓				

Addition Notes: \_\_\_\_\_

Dept. Foreman Signature: (B) (6)

Date: 5-5-2016

**DISCLAIMER:** This safety form is a sample document provided by the AISC Safety Committee to be used in the shop or field. It is a sample form only and is intended to be modified by a competent person to meet the specific needs of your facility and operation. AISC is not responsible for the risks involved in using this form.

## DAILY RISK ASSESSMENT

(B) (6)

Safety  
Project ManagerSuper (B) (6)  
Job #: 24312Foreman (B) (6)  
Date and Time: 5-5-2016

DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS		HAZARDS		CORRECTIVE ACTIONS		RISK
1	Install Flash and downspout	Falls		1	100% Tie off when working	
2				2	over 6'	
3				3		
4				4		
5				5		
6				6		
7				7		
8				8		
9				9		
10				10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☒ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☒ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☒ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print: (B) (6) Signature: (B) (6) Date: 5-5-2016

Print: (B) (6) Signature: (B) (6) Date: 5-5-2016

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Signature: (B) (6) Date: 5-5-2016

Signature: (B) (6) Date: 5-5-2016

C/100

## DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Group IllustSubtier Subcontractor: G3Date: 5/5/16SU MO TU WE TH FR SA

## ACTIVITY LOCATION &amp; HOURS

Employee's Name	1	2	3	4	Total Hours
	02200				
1 (B) (6)	12				12
2	8				8
3					
4					
5					
6					
7					
8					
9					
10					

Equipment Used/Onsite (Make & Model Number)	EQUIPMENT HOURS				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

## ACTIVITY WORK PERFORMED

1	Panels under building
2	
3	
4	

The undersigned (b) (6) subcontractor that all of this information is complete and accurate.

Signature

Date 5/5/16

SUBCONTRACTOR:

SUPERVISOR/FOREMAN:

SPECIFIC AREA(S) INSPECTED:

Group 14 met

(B) (6)

C140 K1310

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

Pre-Work										
Y	N	NA		Y	N	NA		Y	N	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment										
Y	N	NA		Y	N	NA		Y	N	NA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## DAILY RISK ASSESSMENT

Safety : **(B) (6)**  
Project Manager: **(B) (6)**  
Operation:

Foreman: **(B) (6)**  
Date and Time: 5/5/16

DRAGADOS USA

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS		HAZARDS		CORRECTIVE ACTIONS		RISK
1	Pave's under Building	1	Hitting head	1	Always wear hardhat	m
2		2		2		
3		3		3		
4		4		4		
5		5		5		
6		6		6		
7		7		7		
8		8		8		
9		9		9		
10		10		10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print **(B) (6)** Signature: **(B) (6)** Date: 5/5/16 Print Signature: Date: 5/5/16

Print **(B) (6)** Signature: **(B) (6)** Date: 5/5/16 Print Signature: Date: 5/5/16

Print **(B) (6)** Signature: **(B) (6)** Date: 5/5/16 Print Signature: Date: 5/5/16

Print **(B) (6)** Signature: **(B) (6)** Date: 5/5/16 Print Signature: Date: 5/5/16

Cleo

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Group III mt

Subtier Subcontractor: Cummings

Date: 5/5/14

SU MO TU WE **TH** FR SA

### ACTIVITY LOCATION & HOURS

	Employee's Name	1	2	3	4	Total Hours
		02200				
1	(B) (6)	8.5				8.5
2	(B) (6)	8.5				8.5
3						
4						
5						
6						
7						
8						
9						
10						

	Equipment Used/Onsite (Make & Model Number)	EQUIPMENT HOURS				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

### ACTIVITY WORK PERFORMED

1	Installing bathroom hardware
2	
3	
4	

The undersigned (b) (6) Subcontractor that all of this information is complete and accurate.

(b) (6)

5/5/14  
Date

To be submitted daily before the next day.

## DAILY RISK ASSESSMENT

Safety: (B) (6)  
Project Manager: (B) (6)Super: (B) (6)  
Job #: Cleo K1310Foreman: Cummings  
Date and Time:

## DRAGADOS USA

Operation:

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS		HAZARDS		CORRECTIVE ACTIONS		RISK
1	INSTALL BATHROOM HW	1	CUTS HAND HAZARDS	1	PPE, STAY ALERT	
2		2		2		
3		3		3		
4		4		4		
5		5		5		
6		6		6		
7		7		7		
8		8		8		
9		9		9		
10		10		10		

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

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- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☐ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other
- ☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☐ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☐ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☐ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print: (B) (6) Signature: (B) (6) Date: 5/5/14

Print: (B) (6) Signature: (B) (6) Date: 5/5/14

Print: (B) (6) Signature: (B) (6) Date: 5/5/14

Print: (B) (6) Signature: (B) (6) Date: 5/5/14

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: INDUSTRIAL CONCRETE

Subtier Subcontractor: \_\_\_\_\_

Date: 5-5-16

S M T W Th F S

### ACTIVITY LOCATION & HOURS

Employee Name	1	2	3	4	Total Hours
	Phase III AREA 5 Fence Curb	BPO5130			
1	(B) (6)	7			7
2	(B) (6)	7			7
3	(B) (6)	7			7
4	(B) (6)	7			7
5					
6					
7					
8					
9					
10					

Equipment Used/Onsite (Make/ & Model #)	Equipment Hours			
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

### Activity Work Performed

1	FINISH SET ANCHOR BOLTS on Fence Curb forms
2	POUR + FINISH 50' Fence Curb
3	START NEXT SECTION of fence curb 2:30 Rain out
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

5-5-16

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR: INDUSTRIAL CONCRETE  
 SUPERVISOR/FOREMAN: (B) (6)  
 SPECIFIC AREA(S) INSPECTED: PHASE III AREA 5 FENCE CURB

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.  
 Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Guardrail system checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Harness and lanyards checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and Scaffolding											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder extended three feet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ladder access for scaffold	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting and Rigging Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sling/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	All sides of work area barricaded	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental											
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?	<input checked="" type="checkbox"/>	Estimated hazardous material generated today			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns? <input type="checkbox"/>											
Comments											

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

SUPERINTENDENT

5/5/16

# DAILY RISK ASSESSMENT

**DRAGADOS USA**

Safety: \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Operation: \_\_\_\_\_

Super: **(B) (6)**  
Job #: **P1383**

Foreman: **(B) (6)**  
Date and Time: **5-5-16 7:15 AM**

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

**L**

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 SET FENCE CURB FORMS	1 EYE/HAND INJURY	1 WEAR PPE	L
2 POUR CONCRETE - FENCE CURB	2 HIT BY CONCRETE TRUCK	2 Eye Contact with TRUCK DRIVER	L
3	3 Concrete burns when pouring	3 WEAR PROPER GLOVES	L
4			
5			
6			
7			
8			
9			
10			

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood
- ☐ Beam Walkers
- ☐ Chain Saw Chaps
- ☐ Face Shield
- ☐ Full Body Harness
- ☐ Safety Goggles
- ☐ 2-Legged Lanyard
- ☐ Cutting Goggles
- ☐ Multi-gas Monitor
- ☒ Hearing Protection
- ☐ Respirators (Type)
- ☐ Rubber Over Boots

- ☒ Fire Extinguishers
- ☐ Self-Retracting Lanyard
- ☐ Stop Paddles
- ☐ Welding Screen
- ☐ Welding Hood
- ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor
- ☐ Blower
- ☐ Chain Saw
- ☐ Chipping Gun
- ☐ Blowpipe
- ☐ Chop Saw
- ☐ Concrete Bucket
- ☐ Cutting Torch
- ☒ Electrical Cords
- ☐ Stripping Buggy
- ☐ Electrical Drill
- ☐ Electrical Grinder
- ☒ Generator
- ☐ Hand Tools
- ☐ Sawzall
- ☐ Hydraulic Jacks
- ☐ Impact Wrench
- ☐ Ladders
- ☐ Nail Guns
- ☒ Vibrator
- ☐ Portable Bandsaw
- ☐ Powder Actuated Tools
- ☐ Pry Bar
- ☐ Roto Hammer
- ☐ Welding Machine

## EQUIPMENT TO BE USED

- ☐ Aerial Lift
- ☐ Air Compressor
- ☐ Air Tools
- ☐ Backhoe/Loader
- ☐ Compaction Equip.
- ☐ Concrete Buggy
- ☐ Concrete Pump
- ☒ Concrete Trucks
- ☐ Dozer
- ☐ Excavator
- ☐ Forklift
- ☐ Flatbed Trucks
- ☐ Hammer/Vibro. Leads
- ☐ Hydraulic Cranes
- ☐ Light Towers
- ☐ Menzi Mucker
- ☐ Rigging Equipment
- ☐ Rock Drill
- ☐ Shoring Equipment
- ☐ Traffic Control Trucks
- ☐ Trench Plates
- ☐ Vacuum Truck
- ☐ Other
- ☐ Other

## EVACUATION ROUTE

What is your evacuation route and assembly point?

EMERGENCY #:

## CREW SIGNATURES

## CREW SIGNATURES

Print **(B) (6)**  
Print **(B) (6)**  
Print **(B) (6)**  
Print **(B) (6)**

Signature: **(B) (6)**  
Signature: **(B) (6)**  
Signature: **(B) (6)**  
Signature: **(B) (6)**

Date: **5-5-16**  
Date: **5-5-16**  
Date: **5/5/16**  
Date: **5/5/16**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRAGADOS USA****Subcontractor's Daily Work Report**Subcontractor: Jackson landscape

Subtier Subcontractor: \_\_\_\_\_

Date: 5-5-16SU MO TU WE **TH** FR SA**ACTIVITY LOCATION & HOURS**

Employee's Name		1	2	3	4	Total Hours
1	No work Rain					
2						
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS				Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**ACTIVITY WORK PERFORMED**

1	
2	
3	
4	

(b) (6)

T \_\_\_\_\_ the Subcontractor that all of this information is complete and accurate.

5-5-16  
Date

Visitor Center

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: Group III

Subtier Subcontractor: JIT Notes Elec

Date: 5/5/16

SU MO TU WE **TH** FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name		1	2	3	4	Total Hours
		BP02480 Elec				
1	(B) (6)	8				8
2	(B) (6)	8				8
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite  
(Make & Model Number)

### EQUIPMENT HOURS

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

### ACTIVITY WORK PERFORMED

1	Finished wrong way detector raceway to TBB, Grounding TBB pipes in Gatehouse, removed & 11 unused material from CLEC, loaded trailer at Visitor with unused material and hauled back to shop
2	
3	
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

5/5/16

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

SUPERVISOR/FOREMAN:

SPECIFIC AREA(S) INSPECTED:

Group 111 mat

(B) (6)

Visitor Center

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

Pre-Work											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AHA reviewed and signed by all members, and posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Risk Assessment communicated, understood and signed by workers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All required permits obtained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent Person List (can be on AHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment											
Y	N	NA		Y	N	NA		Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hardhat bills forward	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Face shields
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding hood and gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leatherwork Boot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles
Fall Protection (100% Fall Protection Required at six feet or greater)											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Openings covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue fencing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders and Scaffolding											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold inspected and tagged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder access for scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hoisting and Rigging Equipment											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Qualified rigger named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slings/chokers inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
Mobile Equipment											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup alarms working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotters used when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spoil pile 2' from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?				Estimated hazardous material generated today	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?											
Comments											

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

Superintendent

5/5/16

# DAILY RISK ASSESSMENT

Safety: **(B) (6)** Super: **(B) (6)** Foreman: T.D. Smith  
 Project Manager: Vivian Center Date and Time: 5/5/16 6:30  
 Operation:

**DRAGADOS USA**

OVERALL RISK LEVEL: L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH **m**

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 <u>Installing pipe, pulling wire, surrounding pipes</u>			1
2 <u>Clear cut</u>			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood ☒ Face Shield ☐ Safety Goggles ☒ Fire Extinguishers ☐ Welding Screen
- ☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood
- ☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor ☐ Chop Saw ☒ Electrical Drill ☐ Hydraulic Jacks ☒ Portable Bandsaw ☐ Other benches
- ☐ Blower ☐ Concrete Bucket ☒ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other
- ☐ Chain Saw ☐ Cutting Torch ☐ Generator ☒ Ladders ☐ Pry Bar ☐ Other
- ☐ Chipping Gun ☒ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other
- ☐ Blowpipe ☒ Stripping Buggy ☐ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates
- ☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck
- ☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other
- ☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

What is your evacuation route and assembly point? Job trailer EMERGENCY #: 911

CREW SIGNATURES		CREW SIGNATURES	
Signature: <b>(B) (6)</b>	Date: <u>5/5/16</u>	Signature: _____	Date: _____
Signature: _____	Date: <u>5/5/16</u>	Signature: _____	Date: _____
Signature: _____	Date: _____	Signature: _____	Date: _____
Signature: _____	Date: _____	Signature: _____	Date: _____

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TGP

Subtier Subcontractor: Labor Ready

Date: 5-5-16

S M T W Th F S

### ACTIVITY LOCATION & HOURS

Employee Name		1	2	3	4	Total Hours
		BPD05400				
		Area 1-R				
1	(B) (6)	8.5				
2		8.5				
3						
4						
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make/ & Model #)		Equipment Hours				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

### Activity Work Performed

1	Assisted in backing Stone trucks and labor needs.
2	
3	
4	

(b) (6)

I, (b) (6) on-site by the Subcontractor that all of this information is complete and accurate.

Signature

Date

5-5-16

To be submitted daily before the next day

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: MARTIN PINERO

Subtier Subcontractor: \_\_\_\_\_

Date: 5.5.16

SU MO TU WE TH FR SA

### ACTIVITY LOCATION & HOURS

Employee's Name	1	2	3	4	Total Hours
	BPO4520				
1 (B) (6)	7				7
2 (B) (6)		7			7
3 (B) (6)			7		7
4					
5					
6					
7					
8					
9					
10					

Equipment Used/Onsite (Make & Model Number)	EQUIPMENT HOURS				
1 welder	7				7
2 Partner saw	3				3
3 screw gun Dewalt		3			3
4					
5					
6					
7					
8					
9					
10					
11					
12					

### ACTIVITY WORK PERFORMED

1	Distribution of support angles
2	welding of support angles to beams
3	Distribution of sheet metal forms
4	screwing of sheet metal forms to angles

The undersigned (b) (6) authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(b) (6)

Signature

5/5/16  
Date

# DAILY RISK ASSESSMENT

**Safety:** \_\_\_\_\_ **Super:** \_\_\_\_\_ **Foreman:** **(B) (6)**  
**Project Manager:** \_\_\_\_\_ **Job #:** \_\_\_\_\_ **Date and Time:** 5/5/16  
**Operation:** SIP metal Decking  
**OVERALL RISK LEVEL:** L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

## DRAGADOS USA

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Distribution of angles	1 Falls over 6 feet	1 PPE for personnel	
2 welding of angles	2 Arc welding	2 Machine guarding	
3 Distribution of sheet metal		3 Fire extinguisher on site	
4 screwing of sheet metal forms		4 first aid kit	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood ☒ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☐ Welding Screen  
☐ Beam Walkers ☒ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood  
☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☒ Other first aid kit

### REQUIRED TOOLS

☐ Air Monitor ☐ Chop Saw ☒ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☒ Other Partner saw  
☐ Blower ☐ Concrete Bucket ☐ Electrical Grinder ☐ Impact Wrench ☐ Powder Actuated Tools ☐ Other  
☐ Chain Saw ☐ Cutting Torch ☒ Generator ☐ Ladders ☐ Pry Bar ☐ Other  
☐ Chipping Gun ☒ Electrical Cords ☐ Hand Tools ☐ Nail Guns ☐ Roto Hammer ☐ Other  
☐ Blowpipe ☐ Stripping Buggy ☒ Sawzall ☐ Vibrator ☒ Welding Machine ☐ Other

### EQUIPMENT TO BE USED

☐ Aerial Lift ☐ Compaction Equip. ☐ Dozer ☐ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates  
☐ Air Compressor ☐ Concrete Buggy ☐ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck  
☐ Air Tools ☐ Concrete Pump ☐ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other  
☐ Backhoe/Loader ☐ Concrete Trucks ☐ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

**EVACUATION ROUTE** \_\_\_\_\_ **What is your evacuation route and assembly point?** \_\_\_\_\_ **EMERGENCY #:** \_\_\_\_\_

### CREW SIGNATURES

**Signature:** **(B) (6)** **Date:** 5/5/16 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** **(B) (6)** **Date:** 5/5/16 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** **(B) (6)** **Date:** 5/5/16 **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Start-up & Shut Down Procedures:

## Backhoe Loaders

SAFETY.CAT.COM™

Operator/Inspector  
Serial Number

(B) (6)

Date

5/5/14

Time

0700

Machine Hours

Was procedure step completed properly?



Evaluator Comments

For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer.

### STARTING THE MACHINE

Perform walk around inspection	<input checked="" type="checkbox"/>
Mount the machine using 3 points of contact	<input checked="" type="checkbox"/>
Adjust seat	<input checked="" type="checkbox"/>
Adjust and fasten seat belt	<input checked="" type="checkbox"/>
Engage the parking brake	<input checked="" type="checkbox"/>
Ground all implements	<input checked="" type="checkbox"/>
Move attachment control levers into HOLD	<input checked="" type="checkbox"/>
Direction control lever to NEUTRAL	<input checked="" type="checkbox"/>
Make sure all personnel are clear of machine	<input checked="" type="checkbox"/>
Hold accelerator to HIGH IDLE position	<input checked="" type="checkbox"/>
Turn the key start switch to START, Crank engine	<input checked="" type="checkbox"/>

### MACHINE WARM-UP

Allow engine to warm-up for 5 minutes at half throttle	<input checked="" type="checkbox"/>
Engage Boom Lock	<input checked="" type="checkbox"/>
Cycle all controls to circulate warm oil	<input checked="" type="checkbox"/>
Boom Down for 60 seconds, release	<input checked="" type="checkbox"/>
Engage and disengage attachment controls	<input checked="" type="checkbox"/>
Check gauges and action lights frequently	<input checked="" type="checkbox"/>

### MOVING THE MACHINE

Make sure area is clear of personnel and obstructions	<input checked="" type="checkbox"/>
Raise all lowered implements	<input checked="" type="checkbox"/>
Depress service brake pedal	<input checked="" type="checkbox"/>
Release parking brake	<input checked="" type="checkbox"/>
Move transmission control to desired direction and gear	<input checked="" type="checkbox"/>
Release service brake pedal, check for proper operation	<input checked="" type="checkbox"/>
Push down on accelerator	<input checked="" type="checkbox"/>

### MACHINE SHUT DOWN

Park machine on smooth, level area	<input checked="" type="checkbox"/>
Set the parking brake	<input checked="" type="checkbox"/>
Lower and lock all hydraulic implements	<input checked="" type="checkbox"/>
Cycle all hydraulics to relieve pressure	<input checked="" type="checkbox"/>
Allow engine to run at LOW IDLE for 5 minutes	<input checked="" type="checkbox"/>
Turn key start switch to OFF and remove key	<input checked="" type="checkbox"/>
Dismount machine using 3-point contact	<input checked="" type="checkbox"/>
Conduct post-operation walk-around inspection	<input checked="" type="checkbox"/>

HTTP://SAFETY.CAT.COM/CHECKLISTS

V0611.2

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CATERPILLAR

# DAILY RISK ASSESSMENT

**DRAGADOS USA**

Safety : \_\_\_\_\_  
Project Manager: \_\_\_\_\_  
Operation: \_\_\_\_\_

Super: \_\_\_\_\_  
Job #: \_\_\_\_\_

Foreman: **(B) (6)**  
Date and Time: 5/5/16 0700

OVERALL RISK LEVEL:

L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS		HAZARDS	
1	check materials	1	Bug (Insects)
2	Mark signals	2	Mud
3	mark Horne	3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

## REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood
- ☐ Beam Walkers
- ☐ Chain Saw Chaps
- ☐ Face Shield
- ☐ Full Body Harness
- ☐ Cutting Goggles
- ☐ Safety Goggles
- ☐ 2-Legged Lanyard
- ☐ Multi-gas Monitor
- ☐ Hearing Protection
- ☐ Respirators (Type)
- ☐ Rubber Over Boots
- ☐ Fire Extinguishers
- ☐ Self-Retracting Lanyard
- ☐ Stop Paddles
- ☐ Welding Screen
- ☐ Welding Hood
- ☐ Other

## REQUIRED TOOLS

- ☐ Air Monitor
- ☐ Blower
- ☐ Chain Saw
- ☐ Chipping Gun
- ☐ Blowpipe
- ☐ Chop Saw
- ☐ Concrete Bucket
- ☐ Cutting Torch
- ☐ Electrical Cords
- ☐ Stripping Buggy
- ☐ Electrical Drill
- ☐ Electrical Grinder
- ☐ Generator
- ☒ Hand Tools
- ☐ Sawzall
- ☐ Hydraulic Jacks
- ☐ Impact Wrench
- ☐ Ladders
- ☐ Nail Guns
- ☐ Vibrator
- ☐ Portable Bandsaw
- ☐ Powder Actuated Tools
- ☐ Pry Bar
- ☐ Roto Hammer
- ☐ Welding Machine
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other
- ☐ Other

## EQUIPMENT TO BE USED

- ☐ Aerial Lift
- ☐ Air Compressor
- ☐ Air Tools
- ☒ Backhoe/Loader
- ☐ Compaction Equip.
- ☐ Concrete Buggy
- ☐ Concrete Pump
- ☐ Concrete Trucks
- ☐ Dozer
- ☐ Excavator
- ☐ Forklift
- ☐ Flatbed Trucks
- ☐ Hammer/Vibro. Leads
- ☐ Hydraulic Cranes
- ☐ Light Towers
- ☐ Menzi Mucker
- ☐ Rigging Equipment
- ☐ Rock Drill
- ☐ Shoring Equipment
- ☐ Traffic Control Trucks
- ☐ Trench Plates
- ☐ Vacuum Truck
- ☐ Other
- ☐ Other

What is your evacuation route and assembly point?

Print **(B) (6)**  
Print **(B) (6)**  
Print **(B) (6)**  
Print **(B) (6)**

Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: 5/5/16 Print  
Date: 5-5-16 Print  
Date: 5-5-16 Print  
Date: 5-5-16 Print

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: Onslow Grading & Paving

Subtier Subcontractor: \_\_\_\_\_

Date: 5-5-16

S M T W T F S

### Activity Location & Hours

Employee Name	1	2	3	Total Hours
	BP01500			
1	✓			2
2	✓			2
3	✓			2
4	✓			2
5	✓			2
6	✓			2
7	✓			2
8	✓			2
9				
10				
11				
12				
13				
14				
15				
16				
17				

Equipment Used/Onsite	Equipment Hours			
1 Paver				
2 Backhoe				
3 Roller				
4				
5				
6				

### Activity Work Performed

1	Moved Equipment from Area 3 To Area 1
2	
3	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

(B) (6)

Signature

5-5-16

Date

# DRAGADOS USA

## CAMP LEJEUNE BASE ENTRY POINT AND ROAD

### SUBCONTRACTOR DAILY WORK SITE SAFETY INSPECTION

SUBCONTRACTOR:

Onslow Grading & Paving

SUPERVISOR/FOREMAN:

(B) (6)

SPECIFIC AREA(S) INSPECTED:

INSTRUCTIONS: Performed daily by subcontractor superintendent/foreman of work area responsible for. Subcontractor Daily Work Site Safety Inspections will be turned in by 9 am the following day to Dragados USA.

Y=Yes, N= No, NA=Not applicable

Pre-Work			Y	N	NA	Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SDS Sheets obtained and available
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality Control Been Notified of operation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Walked Through / Inspected
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary Tools and Equipment Present
Competent Person List (can be on AHA)									
Personal Protective Equipment			Y	N	NA	Y	N	NA	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Vests
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Face shields
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Welding hood and gloves
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Burning goggles
Leatherwork Boot									
Hearing Protection									
Fall Protection (100% Fall Protection Required at six feet or greater)									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guardrail system checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness and lanyards checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horizontal lifeline checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof Opening guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall openings guarded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Netting checked
Blue fencing up									
Ladders and Scaffolding									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder tied off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ladder extended three feet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stepladders in open position
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections properly pinned
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components not damaged
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handrail in place
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planking secured
Housekeeping									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material stacked orderly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trash cans in work area
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris removed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords and hoses off floor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access maintained
Hoisting and Rigging Equipment									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily crane inspection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One-eye per hook
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sling/chokers stored
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety latch on hook checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cranes flagged off
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift zone designated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knowledge of crane signals
Mobile Equipment									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator License
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment Manual
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Equipment Inspection
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts used
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blind Spots to those around
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spotter used when needed
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye Contact Being Made
Excavations									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Competent person named
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shore / shield / slope / bench proper
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation checked daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper access/egress
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Workers trained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Excavation Permits/Locates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pot-holing Performed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of ID'd Utilities
Temporary Barricades									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper tape used (Red-Danger, Yellow-Caution)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All sides of work area barricaded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barricade removed or disposed of properly
Electrical									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cords checked for damage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current inspection color on cords
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI working
Environmental									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silt fencing checked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spill kit readily available
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Haz-Com plan posted in work areas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any spills occur today?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated hazardous material generated today
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fueling area meets Dragados/FD requirements
Any Environmental Concerns?									
Comments									

INSPECTION PERFORMED BY:

TITLE:

DATE:

(B) (6)

Foreman

5-5-16

DAILY RISK ASSESSMENT

Safety: \_\_\_\_\_ Super: \_\_\_\_\_ Foreman: (B) (6)  
Project Manager: \_\_\_\_\_ Job #: \_\_\_\_\_ Date and Time: 5-5-16  
Operation: \_\_\_\_\_

DRAGADOS USA

OVERALL RISK LEVEL: L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Moving Equipment	1 Struck By	1 Watch Where You are	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

- ☐ Abrasive Blast Hood

☐ Beam Walkers

☐ Chain Saw Chaps
- ☐ Face Shield

☐ Full Body Harness

☐ Cutting Goggles
- ☐ Safety Goggles

☐ 2-Legged Lanyard

☐ Multi-gas Monitor

REQUIRED TOOLS

- ☐ Air Monitor

☐ Blower

☐ Chain Saw

☐ Chipping Gun

☐ Blowpipe
- ☐ Chop Saw

☐ Concrete Bucket

☐ Cutting Torch

☐ Electrical Cords

☐ Stripping Buggy
- ☐ Electrical Drill

☐ Electrical Grinder

☐ Generator

☐ Hand Tools

☐ Sawzall

EQUIPMENT TO BE USED

- ☐ Aerial Lift

☐ Air Compressor

☐ Air Tools

☐ Backhoe/Loader
- ☐ Compaction Equip.

☐ Concrete Buggy

☐ Concrete Pump

☐ Concrete Trucks
- ☐ Dozer

☐ Excavator

☐ Forklift

☐ Flatbed Trucks

What is your evacuation route and assembly point?

EMERGENCY #:

CREW SIGNATURES			
(B) (6)	(B) (6)	(B) (6)	(B) (6)
Print	Print	Print	Print
Signature	Signature	Signature	Signature
Date: 5-5-16	Date: 5-5-16	Date: 5-5-16	Date: 5-5-16

# DRAGADOS USA

## Subcontractor's Daily Work Report

Subcontractor: T & D Solutions

Subtier Subcontractor: \_\_\_\_\_

Date: 5-5-16

SU MO TU WE **TH** FR SA

### ACTIVITY LOCATION & HOURS

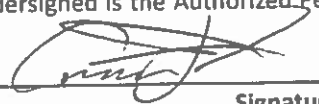
Employee's Name		1	2	3	4	Total Hours
<b>(B) (6)</b>	BPO1300					
	Operator					00
	Foreman					00
	ground worker					00
5						
6						
7						
8						
9						
10						

Equipment Used/Onsite (Make & Model Number)		EQUIPMENT HOURS				Total Hours
1	Truck # 885					00
2	Line Truck # 2283					00
3	Back hoe # 7150					00
4						
5						
6						
7						
8						
9						
10						
11						
12						

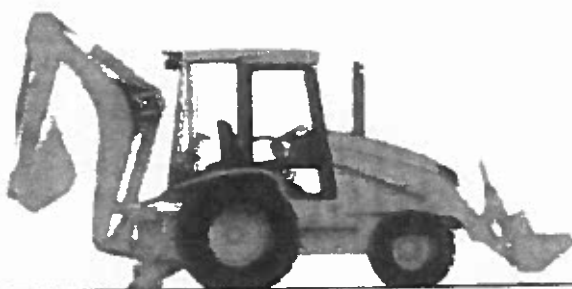
### ACTIVITY WORK PERFORMED

1	Installed Secondary Cable For Security
2	lights at Area 3
3	
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

  
Signature

5-5-16  
Date



# Safety & Maintenance Checklist

Backhoe Loaders

SAFETY.CAT.COM

Cragsados USA T+D Solutions

Operator/Inspector (B) (6)

Date 5-5-16 Time 6:AM

Serial Number 2283

Machine Hours 8

Line Truck Backhoe H7150 Truck #885

What are you inspecting? What are you looking for? Evaluator Comments

For more information, please refer to the Operation and Maintenance Manual or any other applicable manuals and instructions for this product. If you have questions, please contact your local Caterpillar dealer

## FROM THE GROUND

Loader Bucket, GET, Retainers	✓	Wear, Damage, Cracks	✓
Loader Bucket Cylinder & Linkage	✓	Excessive Wear, Damage, Leaks	✓
BH Bucket, GET, Retainers	✓	Wear, Damage, Cracks	✓
BH Bucket Cylinder & Linkage	✓	Excessive Wear, Damage, Leaks	✓
BH Stick	✓	Damage, Cracks	✓
BH Boom, Cylinders	✓	Wear, Damage, Leaks	✓
BH Pivot	✓	Wear, Damage, Leaks, Grease	✓
Underneath Machine	✓	Leaks, Damage, Loose Bolts	✓
Frame	✓	Cracks, Damage	✓
Steps, Handholds	✓	Condition And Cleanliness	✓
Lights	✓	Damage, Cleanliness, Direction	✓
Overall Machine	✓	Loose Or Missing Nuts & Bolts, Loose Guards, Cleanliness	✓

## ON THE MACHINE

Windshield Wipers & Washers	✓	Wear, Damage, Fluid Level	✓
Engine Coolant	✓	Fluid Level	✓
Radiator	✓	Fin Blockage, Leaks	✓
Hydraulic Oil Cooler	✓	Debris, leaks	✓
Hydraulic Oil Tank	✓	Fluid Level, Damage, Leaks	✓
Fuel Tank	✓	Fuel Level, Damage, Leaks	✓
Fire Extinguisher	✓	Charge, Damage	✓
Mirrors	✓	Damage, Cleanliness	✓

## ENGINE COMPARTMENT

Engine Oil	✓	Fluid Level	✓
All Hoses	✓	Cracks, Wear Spots, Leaks	✓
All Belts	✓	Tightness, Wear, Cracks	✓
Batteries & Hold Downs	✓	Cleanliness, Loose Bolts & Nuts	✓
Air Filter	✓	Restriction Indicator	✓
Overall Engine Compartment	✓	Trash Or Dirt Buildup, Leaks	✓

## INSIDE THE CAB

Seat	✓	Adjustment	✓
Seat Belt & Mounting	✓	Damage, Wear, Adjustment	✓
Horn, Backup Alarm, lights	✓	Proper Function	✓
Overall Cab Interior	✓	Cleanliness	✓

HTTP://SAFETY.CAT.COM/CHECKLISTS

V0611

# DAILY RISK ASSESSMENT

Safety: **(B) (6)** Super: **(B) (6)** Foreman: **(B) (6)**  
 Project Manager: **(B) (6)** Job #: **723-068** Date and Time: **05-05-16**  
 Operation: **T&D Solutions**  
 OVERALL RISK LEVEL: L: LOW M: MODERATE H: HIGH RISK E: EXTREMELY HIGH

## DRAGADOS USA

TASKS	HAZARDS	CORRECTIVE ACTIONS	RISK
1 Driving	1 Other drivers / Safe driving	1 Defensive driving	
2 Lintrols / Backhoe	2 Slips, trips, & falls / Crush hazard	2 Spots of contact / Watch outcrops	
3 Pulling wire	3 Muscle strains / Slip, trips, & falls	3 Use help when needed / Sure footing	
4 Communication	4 Improper communication / possible injury	4 Finger communication / prevent injury	
5 tools	5 cut hands / smacked hands	5 Keep fingers & hands clear from harm	
6 PPE	6 Not seen, cut hands, stuff in eye	6 wear all proper PPE	
7			
8			
9			
10			

### REQUIRED PPE IN ADDITION TO SAFETY GLASSES, HARD HATS, HI-VIS VESTS/SHIRTS, STEEL-TOED BOOTS, AND GLOVES

☐ Abrasive Blast Hood ☐ Face Shield ☐ Safety Goggles ☐ Hearing Protection ☒ Fire Extinguishers ☐ Welding Screen  
☐ Beam Walkers ☐ Full Body Harness ☐ 2-Legged Lanyard ☐ Respirators (Type) ☐ Self-Retracting Lanyard ☐ Welding Hood  
☐ Chain Saw Chaps ☐ Cutting Goggles ☐ Multi-gas Monitor ☐ Rubber Over Boots ☐ Stop Paddles ☐ Other

### REQUIRED TOOLS

☒ Air Monitor ☒ Chop Saw ☒ Electrical Drill ☐ Hydraulic Jacks ☐ Portable Bandsaw ☐ Other  
☐ Blower ☐ Concrete Bucket ☒ Electrical Grinder ☒ Impact Wrench ☐ Powder Actuated Tools ☐ Other  
☐ Chain Saw ☒ Cutting Torch ☐ Generator ☐ Ladders ☒ Pry Bar ☐ Other  
☐ Chipping Gun ☒ Electrical Cords ☒ Hand Tools ☒ Nail Guns ☐ Roto Hammer ☐ Other  
☐ Blowpipe ☒ Stripping Buggy ☒ Sawzall ☐ Vibrator ☐ Welding Machine ☐ Other

### EQUIPMENT TO BE USED

☐ Aerial Lift ☒ Compaction Equip. ☒ Dozer ☒ Hammer/Vibro. Leads ☐ Rigging Equipment ☐ Trench Plates  
☐ Air Compressor ☐ Concrete Buggy ☒ Excavator ☐ Hydraulic Cranes ☐ Rock Drill ☐ Vacuum Truck  
☒ Air Tools ☒ Concrete Pump ☒ Forklift ☐ Light Towers ☐ Shoring Equipment ☐ Other **line truck**  
☒ Backhoe/Loader ☒ Concrete Trucks ☒ Flatbed Trucks ☐ Menzi Mucker ☐ Traffic Control Trucks ☐ Other

EVACUATION ROUTE: \_\_\_\_\_ What is your evacuation route and assembly point? \_\_\_\_\_ EMERGENCY #: \_\_\_\_\_  
 CREW SIGNATURES  
 Signature: **(B) (6)** Print: \_\_\_\_\_ Date: **05-05-16** Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: **(B) (6)** Print: \_\_\_\_\_ Date: **05-05-16** Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: **(B) (6)** Print: \_\_\_\_\_ Date: **05-05-16** Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: **(B) (6)** Print: \_\_\_\_\_ Date: **05-05-16** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TGP

Subtier Subcontractor:

Date: 5-5-16

S M T W Th F S

### ACTIVITY LOCATION & HOURS

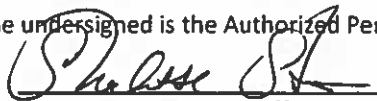
Employee Name	1	2	3	4	Total Hours
BP004001 Grega1-K					
1 (B) (6)	9				
2					
3	9				
4					
5					
6					
7	9.5				
8	9				
9	9				

Equipment Used/Onsite (Make/ & Model #)	Equipment Hours
1 M. Grader- 1011	8.5
2 Dozer- 1232	8.5
3 Rock Box- 158	8.5
4 Roller -1519	8
5	
6	
7	
8	
9	
10	
11	
12	

### Activity Work Performed

1	Placed ABC on main line on Holcomb Blvd - (1st lift) Placed ABC on turn lane on Holcomb Blvd - (1st lift)	1338.22 Ton
2		
3		
4		

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.



Signature

5-5-16

Date

# DRAGADOS USA

## Subcontractor Daily Work Report

Subcontractor: TGP

Subtier Subcontractor:

Date: 5-5-16

S M T W Th F S

### ACTIVITY LOCATION & HOURS

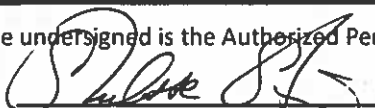
Employee Name	1	2	3	4	Total Hours
	Area 1-R				
1 (B) (6)	9				
2					
3					
4					
5					
6					
7					
8					
9					
10					

Equipment Used/Onsite (Make/ &Model #)	Equipment Hours				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

### Activity Work Performed

1	
2	
3	
4	

The undersigned is the Authorized Person on-site by the Subcontractor that all of this information is complete and accurate.

  
Signature

5-5-16  
Date

To be submitted daily before the next day

